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It Takes Community

A Report to the NWT Department of Health & Social Services on

Child Welfare Services in the Northwest Territories

Prepared by
The Child Welfare League of Canada
May 2000

It Takes a Community

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"Due to my life experiences, I tend to look at the world much different than others. But just because I am different (thoughts, feelings, ways of doing things, beliefs, etc.), it does not make me a bad parent."
(parent receiving Child Welfare Services in Yellowknife)

"Just tell me what's going to happen to me. I need to know."
(11 year old from Inuvik Region in an out of home placement)

The wellness of our people, including their social, economic and spiritual well-being, crosses the boundaries of the separate terms [of reference of the Royal Commission on Aboriginal Peoples]. Wellness is a community issue, a national issue, a women's issue. It touches youth concerns, family considerations, even self-government and historical concerns. I firmly believe that no other [issue] so fundamentally relates to the survival of our people . . .
(Tom Iron, FSIN, p. 107, Volume 3, Report of the Royal Commission on Aboriginal Peoples)

Acknowledgments and Thanks

The members of the Review Team would like to express our thanks to the children and families who shared their personal stories so candidly with us. We understand and respect their courage and commitment in doing so. Thanks as well go the foster parents, social workers, staff and management of the child welfare services, their community service partners, and the Board members and CEOs for sharing their insights and vision with us.

We appreciated as well, the support and input of the NWT Department of Health and Social Services. Their foresight in undertaking a pro-active review is evidence of their commitment to providing the children of the Northwest Territories a quality child welfare system.

We appreciate the support of the Hon. Jane Groenewegen, Minister of Health and Social Services, and thank David Krutko, MLA Mackenzie Delta, and Leon Lafferty, MLA North Slave who made time in their busy schedules to provide their wisdom and advice.

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Executive Summary

The Government of the Northwest Territories has set forth the goal of improving the social well-being of the North, recognizing that under the Social Union Framework Agreement, it is required to provide social programs to northern residents that are of comparable quality to those programs delivered elsewhere in Canada.

In October 1998, the Child and Family Services Act (CFSA), was proclaimed in the Northwest Territories. The CFSA is the legislative basis for the Government through its Department of Health and Social Services to provide child welfare services.

In the spirit of providing quality serves for the Territories, and given that the child welfare mandate is one of the most compelling indicators of community well-being, the NWT Department of Health and Social Services decided to undertake a pro-active review of the child welfare services early in the experience with the new Act in order remedy any emerging shortcomings.

As the Child Welfare League of Canada (CWLC) has worked with public agencies and communities across Canada to address circumstances similar to those that exist in the Northwest Territories, the Department approached the League to undertake the review. The CWLC was mandated to:

- provide the Department of Health and Social Services with an overall assessment of the child welfare services in the NWT and the linkages with its service partners;
- provide practical, implement-able recommendations which will strengthen the existing child welfare program.

The CWLC appointed a three-person review team, two of whom are aboriginal and all of whom have child welfare expertise. The Review Team visited eight communities selected by the Department as representative of the Health and Social Services Boards (HSS Boards).

There were four primary aspects to the Review:

- a comprehensive series of interviews with over two hundred people from the eight communities representing all primary stakeholders, including members of the Territorial Legislature
- a review of over 100 child welfare files from the eight communities visited and the Department of Health and Social Services;
- an examination of the legislation, protocols, standards, and procedures that govern the child welfare program in the Territories;

- a standard data collection tool was devised to collect caseload numbers in order to quantify the case volume of the NWT Child Welfare Program. No such tool currently exists.

The Review took place over the months of December, 1999 through February, 2000 involving 12 person weeks in the interview and document review processes.

The Reviewers considered the unique environment of the NWT and how that impacts the delivery of services, including such factors as remote communities, challenges to transportation, and clustering of services in the larger centres. These factors limit the range of available and accessible services though the need for services may be great, and decrease the capacity of a service system to intervene in a timely and effective manner. These limiting factors can create an elevated risk level for vulnerable children.

The Reviewers also considered the unique social environment, recognizing that approximately half the population of the NWT is aboriginal, but that aboriginal children are disproportionately represented in the in-care child welfare services. The Royal Commission on Aboriginal Peoples made clear that the socio-economic challenges facing Aboriginal Communities are different from those facing mainstream society, and that mainstream solutions alone are inadequate, and, in some cases, inappropriate.

A review of a child welfare service which is intended to care for and protect aboriginal children must recognize that much of the socio-economic and related problems in aboriginal communities stem directly from the historic undermining of aboriginal people through policies of assimilation. These intrusive policies have drawn native communities away from their roots and traditional strengths. In contrast, therefore, it is necessary to base the development of a regenerative healing structure, of which child welfare is a part, within the culture, lifestyle, world view, and teachings of Aboriginal People.

The Review was undertaken within an understanding of a shift in the paradigm from which child welfare operates. In the last few years, best practice models of child welfare have moved from a "siloed" approach where child welfare practitioners have operated in a linear authoritative manner parallel to other children's service providers, to a collaborative and integrated model of practice. The collaborative or integrated model, often referred to as a community partnership model, is marked by the sharing of the responsibility for the planning and delivery of child welfare services to the family amongst the various stakeholders, including the child and family.

The Review found that the NWT child welfare program has some very real strengths, and some serious shortcomings. The social workers and foster parents are dedicated, informed, invested in their communities, and committed to bettering the lot of children. While it was evident that there is a range of skill levels, all, from the least experienced to the most highly skilled, are eager to enhance their abilities through training and professional development.

The Department is sincerely committed to supporting the development of the best child welfare service possible within their resources. They have invested considerable energy in creating progressive legislation, and the necessary supporting regulations, policies, standards and protocols to support it.

The evolution of the HSS Board structure provides the opportunity to bring the management of child welfare closer to the communities in which the children and families live. This provides the potential for molding the services to the particular needs and interests of the varying communities, while still maintaining consistent adherence to the requirements of the legislation.

There are models of practice in the NWT which include community service partners who are willing to participate with the child welfare program in developing effective collaborative strategies such as the Tulita Wellness Centre, and the Star Quest school program in Fort Smith.

Essentially, the NWT has a good existing platform from which to develop an effective service system for its children and families.

At the same time, however, social workers expressed their feelings of being overwhelmed with huge caseloads. There was a general feeling that they were alone against uninformed and disinterested HSS Boards of Trustees, and a disenfranchised Department which has yet to reassert its role. While there was evidence of good practice, it was often limited by a lack of resources, and a lack of training.

While the intentions of the Child and Family Services Act are sound, and the encouragement of prevention and early intervention services, and the invocation to involve the children and their families in all the decision-making processes are exemplary, in practice the results are, at best, uneven. There is significant variation by HSS Board and community due to such factors as differences in resourcing, leadership and managerial skills, understanding of child welfare, the political environment, and differing levels of commitment to the child welfare agenda, and the Department has yet to define and assert its role as "Manager of the System."

In response to its findings, the Review Team made recommendations to address:

- Strengthening the accountability relationship between the Department of Health and Social Services and the HSS Boards related to child welfare services;
- Increasing the presence of the Aboriginal Communities in program development and delivery;
- Encouraging the participation of youth and families in services affecting them;
- Rationalizing the child welfare resource allocation amongst the HSS Boards;
- Increasing managerial competence in the child welfare services;
- Developing local resources for NWT children;
- Increasing the knowledge and skills of social workers and foster families;
- More effectively addressing information needs at all levels of the system;
- Encouraging development of prevention and early intervention family support programs;
- Strengthening child welfare practice in the communities by developing eligibility, safety and risk assessment, and parenting capacity tools, and by developing consistent goal-directed recording and social work assessment processes;
- Establishing an Office of the Child and Family Advocate.

In summary, the child welfare services are well positioned to move forward. There is strong leadership, motivation and capacity at both the Departmental and HSS Board level. There are capable and talented social workers and foster parents. There are enthusiastic and willing service partners.

The Child Welfare League is encouraged by the accomplishments of the Department to date, and offers its support for the future.

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Background

In April 1999, the Northwest Territories became a separate entity from Nunavut. As part of its subsequent "*Agenda for the New North – Achieving Our Potential in the 21st Century*", the Government of the Northwest Territories expressed a vision of Northerners:

- taking greater control of their future and becoming more responsible for their own well-being;
- having modern health care, education, housing and social programs that are provided by and for Northerners.

The Agenda set forth the goal of improving the social well-being of the North. It stated that, "We must promote healthy communities while ensuring that Northerners have access to an integrated and effective system of programs and services." It recognized that under the Social Union Framework Agreement, the Government of the Northwest Territories is required to provide social programs to northern residents that are of comparable quality to those programs delivered elsewhere in Canada.

In October of the preceding year, The Child and Family Services Act, (CFSA), had been proclaimed. The CFSA is the legislative basis for the Government through its Department of Health and Social Services to provide child welfare services. It provides the authority for child protection workers to:

- investigate reports of abuse and neglect;
- provide in-home family services designed to correct abusive or neglectful conditions;
- where necessary, provide out-of-home care to children for whom continuing care by a parent would pose an imminent risk to the child's well-being.

The new CFSA, drawn from similar legislation from other jurisdictions, reflected a marked change in the approach to the protection of children. The new legislation encourages partnerships with family, communities, and social workers to address the care and well-being of children, and supports a participative approach to service delivery.

In the spirit of providing quality services for the Territories, and given that the child welfare mandate is one of the most compelling indicators of community well-being, the NWT Department of Health and Social Services decided to undertake a pro-active review of the child welfare services early in the experience of the new Act in order to make pre-emptive adjustments should they be necessary. The Department had identified some conditions in the program management and direct service that they believed were limiting the child welfare program in its sustaining a consistently high level of effectiveness and sought to remedy the shortcomings.

The decision to undertake a child welfare review was also influenced by shifts in the service environment. Systems changes were being implemented that impacted the families of children at risk, such as the integration of Health and Social Services and subsequent devolution of their management to the HSS Boards, the transfer of Income Support programs to the Department of Education, Culture and Employment, and the transfer of Young Offender Probation Services to Justice. Concurrently, social workers were reporting increasingly larger and more complex caseloads, and children with increasing levels of need. Communities continued to struggle with alcohol, drugs, gambling, family violence and child neglect, and ongoing challenges to the strengthening potential of traditional culture and values. This was occurring in an environment of fiscal constraint in which the Minister's Forum on Health and Social Services was hearing of the need for more and better resourcing.

As the Child Welfare League of Canada has worked with public agencies and communities across Canada to address circumstances similar to those that exist in the Northwest Territories, the Department approached the League to undertake the review.

Purpose

The Review is to provide the Department of Health and Social Services with an overall assessment of the child welfare services in NWT and the linkages with its service partners, and provide practical, implement-able recommendations which will strengthen the existing child welfare program. It is the intention of the Department to provide the best possible service that available resources will allow. It is expected that the Review will recommend pragmatic and achievable activities which will lead to safer children, healthier communities, and services inclusive of, responsive to, and reflective of the traditions, culture, and values of local communities.

Objectives

The stated objectives of the Review are to:

- complete a comprehensive evaluation of the services, structure, management and functional performance of the child and family services program of the NWT Department of Health and Social Services;
- provide detailed recommendations for the design and future operations for the Child and Family Service Programs.

Methodology

The CWLC appointed a three-person review team, two of whom are aboriginal and all of whom have child welfare expertise. The Review Team visited eight communities selected by the Department as representative of the HSS Health and Social Services Boards. The communities visited were **Hay River** (Hay River Community Health Board), **Fort Resolution** (Deninu Community HSSB), **Rae/Edzo** (Dogrib Community Service Board), **Fort Smith** (Fort Smith HSSB), **Fort Simpson** (Deh Cho HSSB), **Tulita** and **Inuvik** (Inuvik Regional HSSB), and **Yellowknife** (Yellowknife HSSB).

There were four primary aspects to the Review.

Firstly, was a comprehensive series of interviews with over two hundred people from the eight communities representing all primary stakeholders. The interviewees included children and youth in care, client parents, representatives of community and health service partners, representatives of aboriginal organizations, Board CEOs, school and police officials, judges, lawyers, medical service providers, the Chief Coroner, Departmental staff, and Members of the Legislative Assembly. Interviews were held both with individuals and in focus groups, and in both formal and informal environments. Written submissions were received, as well.

Secondly, the Team reviewed over 100 child welfare files from the eight communities visited and the Department of Health and Social Services. The files were randomly selected by the reviewers, supplemented by files that the reviewers asked the social workers or supervisors to select which would be of assistance to the reviewers in understanding the issues that communities were addressing.

Thirdly, the review team examined the legislation, protocols, standards, and procedures that govern the child welfare program in the Territories.

Fourthly, a standard data collection tool was devised to collect case load numbers in order to quantify the case volume of the NWT Child Welfare Program.
The process was enriched in several communities by people speaking informally with the reviewers, providing an orientation to the history and character of their communities, and an occasional tour.

The Review took place over the months of December 1999 through February 2000 involving 12 person weeks in the interview and document review processes.

Environmental, Social And Practice Contexts

A Review of community-based services requires an understanding of the environmental and social context within which those services function, and developments in best practice theory.

Environmental Context

The NWT has a unique geographic distribution of its population, with roughly half living in its urban centre, Yellowknife, another approximately 25% living in the secondary centre, Inuvik, and the remaining 25% distributed in medium to small communities across the extensive Territories. This distribution creates problems of access, where higher end services tend to cluster in the urban centres where resources and accessible demand can sustain them, and limit their availability to the more remote communities. It also restricts the potential growth of service options to the smaller communities, as their small population and consequent lower demand for services based on volume, does not create the critical mass necessary to sustain a full range of on-site resources. Hence the range of services available and accessible is limited even though the need for services may be great, decreasing the capacity of a service system to intervene in a timely and effective manner. These limiting factors can create an elevated risk level for vulnerable children.

Social Context

While the child welfare services of the Northwest Territories serve both aboriginal and non-aboriginal families, the majority of families and children who are clients of the NWT child welfare services are aboriginal. It is necessary, therefore, to place in context the important realities that accrue to child welfare practice in relation to aboriginal communities. It is also important to acknowledge the challenges that are presented to creative development of meaningful programs, when the resources come with legislative, regulatory, policy, and bureaucratic encumbrances that limit their being deployed effectively to meet the real needs. This is particularly so when it appears that the encumbrances are measured by funders against mainstream programs for children and youth, and not determined in the context that aboriginal communities have disproportionate needs and a long history of inappropriate mainstream programming impacting their families.

A 1985 report by C. Waldman, essentially replicated for the 1995 Royal Commission on Aboriginal Peoples, showed the disproportionately high number of social problems suffered by Native people. It made clear that the socio-economic challenges facing Aboriginal Communities are different from those facing mainstream society, and that mainstream solutions alone are inadequate, and, in some cases, inappropriate, requiring a different understanding and approach. In, "Preparing for Practice: the fundamentals of child protection," (1983), the authors suggest that, "There are great differences between VALUES (sic) of the dominant culture and the values of Native culture regarding care of children and family structure ... The delivery of child welfare services to native families has often brought these different sets of values into conflict. Applying the values and standards of mainstream society has resulted in:

- removal of Native children from family and community;
- failure of native people to qualify as foster or adopting parents;
- failure of the child welfare authorities to recognize and use the strengths of Native culture and family life in planning for children."

A review of a child welfare service which is intended to care for and protect aboriginal children, then, must recognize that much of the socio-economic and related problems in aboriginal communities stem directly from the historic undermining of aboriginal people through policies of assimilation. These intrusive policies have drawn native communities away from their roots and traditional strengths. In contrast, therefore, it is necessary to base the development of a regenerative healing structure, of which child welfare is a part, within the culture, lifestyle, world view, and teachings of Aboriginal People. Maidman and Connors, (1999), in *"A Circle of Healing: Family Wellness in Aboriginal Communities*," state that Cultural traditions and heritage are an essential component of the rehabilitation process, particularly so for children.

The CWLC Review Team is committed to supporting child welfare services which base their interventions in a context which reflects, and honours the heritage of which the children and youth are a part. The Child and Family Intervention Paradigm from which the Review Team functions focuses on re-establishing interconnectedness through actions which support and encourage enhanced connections with family, community, culture, Band or Tribal affiliation, and spirituality.

The paradigm recognizes that to participate in the healing of a child, any intervention must be seen within the context of the whole life of the child and family. It is reflective of the awareness that in aboriginal communities, there is a particular emphasis on the extended family, and that primary care within the extended family system is fundamental to aboriginal communities and provides an enriched embeddedness for children into their familial and cultural heritage. The extended family is, therefore, a first ally to be considered in a healing process.

In brief, child welfare with aboriginal families and communities should be characterized by a holistic approach that focuses on strengths, and addresses the physical, emotional, intellectual, and social realities of the family and community. There needs to be a focus on wellness and emphasis on prevention strategies which empower community-based resources and do not create a dependence upon outside expertise. Traditional teachings have a vital role. One must build circles of care around families and communities to provide support in dealing with issues of historical grief and the aftermath of federal policies of colonization and assimilation, and the residential school experience. The value of children, adolescents, adults, and elders needs to be recognized, and the diversity of strengths and personal gifts that aboriginal people have both collectively and as individuals must be recognized and incorporated into the decision-making and case planning process.

Practice Context

The Review was undertaken within an understanding of a shift in the paradigm from which child welfare operates. In the last few years, best practice models of child welfare have moved from a "siloed" approach where child welfare practitioners have operated in a linear authoritative manner parallel to other children's service providers, to a collaborative and integrated model of practice. The collaborative or integrated model, often referred to as a community partnership model, is marked by the sharing of the responsibility for the planning and delivery of child welfare services to the family amongst the various stakeholders, including the child and family. The collaborative model requires different skills, attitudes, values, and practice from the archaic linear model for all of the service partners. The collaborative system creates strengthened supports to children and their families, often stimulates community solutions to their challenges, and increases the experiential and disciplinary resources that can be brought to bear to assist children and their families.

Overview

As one might expect of a system in transition, the NWT child welfare program has some very real strengths, and some serious shortcomings. The social workers and foster parents, the backbone of child welfare service, are dedicated, informed, invested in their communities, and committed to bettering the lot of children. While it was evident that there is a range of skill levels, all, from the least experienced to the most highly skilled, are eager to enhance their abilities through training and professional development.

The Department is sincerely committed to supporting the development of the best child welfare service possible within their resources. Their strength of leadership and determination is commendable. They have invested considerable energy in creating progressive legislation, and the necessary supporting regulations, policies, standards and protocols to support it.

The evolution of the HSS Board structure provides the opportunity to bring the management of child welfare closer to the communities in which the children and families live. This provides the potential for molding the services to the particular needs and interests of the varying communities, while still maintaining consistent adherence to the requirements of the legislation.

There are models of practice in NWT which include community service partners who are willing to participate with the child welfare program in developing effective collaborative strategies. Examples are the Tulita Wellness Centre, the Star Quest school program in Fort Smith, and the integrated children's service of Fort Simpson. These and similar programs can serve to stimulate a meaningful intra-NWT dialogue on best practice in Northern communities which can serve as a basis for made-in–the-NWT solutions derived from practice experience and existing child welfare literature.

Essentially, the NWT has a good existing platform from which to develop an effective service system for its children and families.

At the same time, however, social workers expressed their feelings of being overwhelmed with huge caseloads. There was a general feeling that there were no champions to go to bat for them, and they were alone against uninformed and disinterested Boards of Trustees, and a disenfranchised Department which had yet to reassert its role. While there was evidence of good practice, it was found to be limited by a lack of resources, a lack of training, and caseloads well above standard.

If one were to respond to the question, "Are the children of the NWT currently well-served by the CFSA and its support services?" the answer would be guarded. While the intentions of the Act are sound, and the encouragement of prevention and early intervention services, and the invocation to involve the children and their families in all the decision-making processes are exemplary, in practice the results are, at best, uneven. There is significant variation by HSS Board and community due to such factors as differences in resourcing, leadership and managerial skills, understanding of child welfare, the political environment, and differing levels of commitment to the child welfare agenda, and the Department has yet to define and assert its role as Manager of the System.

Who Are the Children?

The majority of the children coming to the attention of the NWT child welfare authorities are aboriginal. They generally come from impoverished and neglectful environments. Many show learning and speech impairment, and affective and behaviour disorders. Several suffer from Fetal Alcohol Syndrome and Fetal Alcohol Effect. Some come into care with such complex behaviours that one has to question whether there are significant issues that will only be identified once the capacity of the mental health services is enhanced such that clinical assessments are more readily accessible. As several client-mothers said to us, "They (the social workers) only deal with the surface stuff. They don't look underneath to see what is really happening to us because then they'd have to do something about it and they don't know how." A foster parent in one Region, and a client-mother in another suggested that child sexual abuse was seriously under-reported. They said it is a big issue, but people don't report it because they are deeply ashamed, and because they fear the consequences for themselves and their families if they speak up, particularly in small communities. They don't feel the system will protect or help them. Several social workers agreed that this could well be the case.

Almost all informants cited the same three issues as the central community problems:

- alcohol and drug abuse;
- gambling;
- family violence.

They stated that these in turn create an environment of neglect for children. The other major issue raised consistently by both clients and professional staff is the impact of residential schooling. They argue that generations of children were removed from their homes and placed in environments which, in many, created conditions of dependency, lack of relationship skills, lack of parenting ability, poor self-esteem, lack of initiative, and detachment from their cultural tradition which could have provided strength and recovery. "We had no role modeling on how to be a parent, " one man told the interviewer. As a foster parent describes it, "When children were taken from their families, the Elders and parents were left without a role. It also stole from the children their opportunity to learn to parent. It. . . broke the heart of the communities."

As these children are now grown and are parents themselves, many lack the skill and understanding necessary to provide the nurturing environments children require. As well, the community, traditionally a great strength in aboriginal life and source of collective nurturance and pride, has similarly been challenged by the conditions that debilitate so many of its members.

Beyond child welfare, if the cycle is to be broken and the children of the NWT are to be provided with reasonable hope and opportunity for a productive and participatory future, broad-scale community wellness strategies must be invoked. These strategies will need to provide (a) broad-based "broadcast" programs to strengthen cultural pride within aboriginal communities, and health promotion strategies; (b) targeted programs to address community problems with gambling, drugs, alcohol and their consequences, including increased early intervention programs; (c) specific programs to deal with the issues resulting from the consequences of the residential schools and the policies of colonization and assimilation that have scarred aboriginal communities across Canada; and (d) specific clinical programs for those most in need.

Input From Children, Youth And Parents

To put any subsequent discussion into context, it is important to listen to the voices of the families and children who are the recipients of child welfare service.

The families and children gave a mixed, but balanced, assessment of the service they received. While the words were often spoken with great emotion, they reflected on both the strengths and weaknesses of the system. They told some encouraging stories about caring social workers and the help they had received during difficult times. As could be expected, they also told discouraging stories of disrespectful, unskilled practice in which they felt further victimized.

A key message was the importance of having a voice in the decisions that impact them. Parents and children both talked of how discouraging it was when they felt they weren't listened to, or they were not understood. It gave a feeling of helplessness and oppression. On the other hand, they celebrated the workers who were attentive, heard what they were saying, and were responsive to them. With those workers they could connect and work towards healing.

In their own words:
- "They think they know how you feel."
- "They were so argumentative. They wouldn't listen to my side. There was no way I could get them to hear what I had to say. The more I tried, the more punitive they got."
- "They didn't jump at the first complaint. They respected me and waited to hear what I had to say. They investigated the complaint thoughtfully and discretely so I wasn't humiliated."
- "I had a very good service. They were supportive, respectful. They were available, and didn't judge me."

- "We need social workers to listen to us rather than tell us how we feel; a good relationship with a social worker with lots of communication; outreach services; a support network of friends and family; counselling by people who know how to help; native placements for our children; women's programs; a family or child advocate."
- "They need to know where we've been and what we've been through."

Many of the parents and children interviewed said that decisions were imposed on them, and that they had no part in the decision-making. They spoke of how demeaning that is, and how angry it made them to be so disempowered.

- "You can't order a parent into treatment. They have to want it."
- "Social workers are threatening. They show no respect."
- "The plan of Care was dictated to me. I didn't understand what they said but I signed it because I had to."
- "They aren't looking for solutions that we can be a part of."
- "The social worker needs to help me help myself."
- "I was worried about a group home. My son needed to be here in a foster home so I could be near him but they sent him away to Saskatchewan to a group home. He was only six. No six year old should be in a group home."

The children and youth in particular spoke of the importance of being given information about what was happening to them. They reported feeling that things were happening to them, and they had no say.

- "Social workers don't tell us why they are doing things. They have to work with us."
- "Make sure kids have lots of information about what's happening to them."
- "Kids need to know they're going to a safe place. They need lots of visits with their families."
- "We need to be part of the decision about what placement we get."
- "I need to be part of the decisions they make about me."

The parents, children and youth have a clear sense of what is needed. They want respectful, responsive social workers who have the ability and willingness to help them make decisions in their own lives. They want services in their own language and traditions that are close to home, and that make sense to them. Most importantly, they want help from people who will listen to them in order to understand their painful journey, and who, in the words of one parent, "will respect the courage and strength that it took to get where we are."

- "We need strong counseling services."
- "We need counseling for parents as well as kids."
- "We need services for our youth. It's a real problem."

- "Teachers and police and social workers need to be taught about residential schools, our shame, our abuse. They need to get to the feelings underneath the behaviour."
- "Placements have to be in the same language and traditions as the parents."
- "Tell workers, have a heart, be willing to listen, accept people for who they are."
- "We need youth programs that give us things to. And they have to be there when we want them. Like it doesn't make sense to close the Centre at 9:00pm when we hang out late at night. That's when the trouble starts. We need a supervisor late at night."
- "Going into the bush and learning to trap and hunt and live off the land really helped me and my friend."
- "We need to have just one foster home, even if I go back and forth. I need it to be the same people.
- "Services should be in our language.
- "Make the social worker available after we leave care. We need them."
- "Workers need to spend more time with the kids they're trying to help."
- " We need services here, not in Yellowknife."

Observations, Findings and Recommendations

Jurisdiction and Legislation

The *Child and Family Services Act* came into force October 30, 1998 to replace the former legislation the *Child Welfare Act*, R.S.N.W.T. 1988. The process leading up to the drafting of the new legislation took place over a period of ten years. The consultation included many community visits and meetings, and involved stakeholders with a wide variety of interests in children and families.

Several key principles articulated in the "*Agenda for the New North – Achieving Our Potential in the 21st Century" (1999)* are evident in the development of the legislation. The vision articulated in the document includes commitments to:

- A system of government that respects the collective rights of Aboriginal peoples and the individual rights of all Northerners.
- Northerners taking greater control of their future and becoming more responsible for their own well-being.
- Modern healthcare, education, housing and social programs that are provided by and for Northerners.
- Healthier, more self-reliant individuals, families and communities.

The jurisdiction within which the Child and Family Services Act has force is the Government of the Northwest Territories. The Government of Canada maintains funding responsibility for child welfare services to status Indians as defined by the Indian Act, but the child welfare services are governed by the Territorial legislation and delivered under the Territorial authority.

There are a number of provisions within the Act that allow for the delegation of authority to Health and Social Services Boards, Child and Family Services Committees, Community Corporations, (municipal or settlement corporation), Community Councils, (council of the municipal corporation), and a "corporate body," (a not for profit corporate body of an aboriginal organization). Nevertheless, these forms of delegation also ensure that the final authority and responsibility remains with the Minister and the Government of the Northwest Territories.

The legislation takes into account the move toward the negotiation and implementation of land claims, self-government and treaty land entitlements. The respect for the inherent right of aboriginal people to govern their own communities is understood and reflected in the legislation. Under self-government agreements, First Nations and other aboriginal groups may establish jurisdiction that is equivalent to that of the Government of the Northwest Territories. Acting within that jurisdiction, First Nation or other aboriginal governments may enact legislation that may replace the existing Child and Family Service Act in whole or in part. Therefore, if leaders of the Northwest Territories are committed to a unified approach to the delivery of child protection services, it is important that First Nation and other aboriginal governments are fully involved in its planning and management, and the relationship established is one that can be described as government to government.

A. Findings

Meeting the Objectives

People interviewed reported a number of objectives that they felt guided the development of the legislation. The objectives they identified were as follows:

- The process of developing the legislation had to reflect a commitment to consensus and involve the people affected in all communities.
- The legislation had to reflect the unique values of northern residents, particularly the values held in relation to children, families, and communities.
- The approach had to be practical and possible to implement in remote communities.
- Full respect must be provided to aboriginal and First Nation governments as well as the

Government of the Northwest Territories.

- Both individual and collective rights must be honoured.
- The rights of families and children must be respected and those involved in the receipt of services must be fully informed of their rights.
- Supports are to be in place for services to be provided on a voluntary basis when possible.
- An appropriate balance between the interests of the child and the well being of the family must be established, fully respecting the dynamic nature of the relationship between the two.
- The child over 12 years, extended family members, interested community members and those offering relevant services to the child and/or family should be involved in developing plans for protecting the interests of the child and the well-being of the family.

- Both the development of the child and the family needs to be considered and supported in the prevention and intervention services related to child welfare.
- Unique community concerns, standards, cultural values and practices need to be respected and considered in making decisions.
- The use of court should decrease over time.
- The legislation should be straightforward to implement and support efficient program and service delivery.

Those interviewed were of the opinion that many of the objectives established for the new legislation had been met, although there are problems with the implementation of the legislation that are not necessarily the result of the content of the Act.

Several respondents indicated that they felt that an appropriate balance between the interests of the child and family had not been achieved and that the legislation puts the interest of children second. The reduced ability to place a child permanently or deal with children's problems in a straightforward manner was seen as not in the best interests of the child. An example given was that a worker cannot recommend a child for permanent placement unless a complete adoption file is in place, which delays the process unnecessarily. It was felt that, permanency should be considered in a broader context than adoption, and permanency planning needs consideration from the first contact.

Others expressed the concern that there is a need for more community control as further preparation for self-government. Community capacity building and empowerment is fundamental to successful implementation of self-government.

There is a perception among a minority of individuals that the new legislation is not 'made in the North', as it has been heavily borrowed from the provincial legislation of Ontario and British Columbia. Other observations made by the respondents included the following:

- There has been a decrease in the rate of apprehensions;
- The number of court cases has decreased (although others reported it staying the same);
- More extended family involvement in planning for children in care;
- More open to community input and involvement;
- More case conferences are happening. It is easier to get people involved. There is more information sharing and increased assurance that all options have been looked at and key players are involved;
- Social workers are going to the schools more often, some are even helping in the classroom;
- More information sharing between social workers/principals and teachers;
- Since the new legislation came into effect more emergency foster placement has happened;
- Home care programming is expanding;
- Both the family and children are considered. Maintaining contact with birth family is encouraged more than it was;
- The manual is more user-friendly, the policy has more clarity and there are fewer gaps;
- The Act provides an environment that enhances accountability to the child, family and the other people and professionals involved;
- More statistical information is being collected;
- Voluntary service agreements for prevention and early intervention have greater clarity.

Where the implementation of the legislation has not been fully capable of meeting objectives is in the area of funding and capacity for prevention, early intervention and therapeutic support to children and families.

There was a concern raised that the legislation does not adequately support the removal of an abuser from the home instead of the victim. This is a common complaint in other jurisdictions as well. In the case of a child who is a victim, the ability of the non-abusing parent to protect the child in the home is taken into consideration when exploring intervention options. If the law were to provide greater support to the non-abusing parent such as through enforcement of a restraining order or alternative legal mechanism in remote communities on a 24 hour basis, perhaps more children could remain in their own homes safely. A protocol between the child welfare and legal authorities could be constructed to address the issue.

There were a variety of opinions expressed about the legislation and degree to which it is workable. Some informants saw it as too prescriptive and not "user-friendly". Others saw it as too loose and open-ended, allowing for interference and varying interpretations. A number of respondents felt that the social worker no longer had enough control to effectively protect children and was uncomfortable with too much authority being held by communities that may themselves have significant levels of dysfunction. In some cases, the child protection worker is left with substantial responsibility, but without the authority to carry out the necessary decision-making.

Excessive Paperwork

In general, the field workers expressed a concern about the number of forms and amount of paperwork required to fulfill the obligations under the Act. The concern partly stems from a sense that less time is being spent with families and children as a result of the administrative and paperwork load required by the legislation, but not useful to direct service. The forms were also seen as complex and difficult to read.

Respondents report that some forms were lacking in common sense and utility. Several respondents expressed the opinion that the paperwork would have been more realistic and useful had more front line workers been involved in the development of the legislation, regulations and policy, including the supporting forms. Forms will be reliably completed only if useful to the worker. No amount of coercion will get forms filled in properly if they are not seen to serve the social worker and the client in the immediate present. Forms must frame, direct, steer, or inform practice.

The Gap of 16 and 17 Year Old Youth

A child, as defined by the Act, is a person under the age of 16. Therefore, all provisions for the apprehension of children do not apply to the 16 and 17 year olds.

Section 47. (3) makes provision for temporary custody to extend beyond the age of 16 to the age of 18 by court order, as long as the period of temporary custody does not exceed 24 months.

Section 48. (1) establishes the end of permanent custody at age 16. This provides a problem as children under the age of 18 are not generally eligible for social assistance. Therefore these children that are unable to return to their families may well be without financial support, food or housing. Permanent custody can be extended to age 18 if the court so orders where a child is already subject to a wardship order.

The Act makes provision for voluntary agreements for children from 16 to 18 years of age. The perception in the community, however, is that youth 16-18 are "forgotten" as there is less ability to intervene without the voluntary participation of the youth. Many people interviewed made the point that high risk youth in trouble are unlikely to ask for help or be willing to voluntarily access services. Legislation does not provide the same degree of support as the previous legislation and many do not receive assistance until they become young offenders. The shift in responsibility for the Income Support Program from Social Services to Education, Culture and Employment split off the Income Support functions from the broader intention of a social service to a financial process driven by accounting practices. While the change serves the purpose of financial management, respondents felt it separates the person and financial needs from the support services they require.

Age of Mandatory Involvement

The legislation currently provides for the voluntary involvement of children over 12 years of age in the Plan of Care Committees and other decision making processes. The opinion of several respondents was that some children have the capacity and the ability to comprehend the consequences of decisions at a younger age. They reported that consideration should be given to lowering the age and providing additional criteria to ensure the child's ability and capacity to be involved in decisions affecting them, rather than an arbitrary age. In the interviews with children, 10 and 11 year olds consistently expressed the wish to be more informed of, and participate in decisions affecting their lives.

Implementation Shortfalls

The Government of the Northwest Territories implemented the CFSA legislation within existing funding when it clearly required additional resources for a full and comprehensive implementation. This has reportedly resulted in budget overruns in some Health and Social Services Boards. Although the legislation provides for prevention and early intervention services to be available for children and families at risk, there is limited funding available to support these activities. Many communities have very limited capacity for the provision of any support services to families.

Multiple respondents indicated a need for greater clarity at the service provider level as to what actions can be taken and those actions that are not support in law.

Some respondents stated that the Plan of Care has "no teeth." They argue that the social worker must take the plan back to court if there is not enough action or change and the

Plan of Care is not being followed. Others suggested that the Plan of Care is more powerful now that it has a basis in law. The longer time frame of the Plan of Care provides enough time for the family to establish positive change. Several respondents reported that the language of the Plan of Care is confusing to the social workers, and to families as it is both a generic term for planning, and a term for a legal process under the CFSA. Several parents reported that the Plan of Care is an artificial lever to coerce them, rather than a participatory solution to engage them in case planning. The Plan of Care will be discussed further under the Direct Service section.

Foster parents said they have not received sufficient training in the legislation and the implications for their role with the child protection workers, children, families and other involved individuals.

Timelines and Child and Family Services Committees

16.(1) "Where a person listed in paragraph 15(2)(a), (c) or (d) is unable or unwilling to sit as a member of a plan of care committee and a plan of care committee is not established or if it is established, is terminated as a result, or a Child Protection Worker establishes a plan of care committee and at the expiration of 15 days after the relevant day referred to in subsection (2), the plan of care committee has not made a plan of care agreement in respect of the child, the Child Protection Worker shall, without delay,

(a) where there is a Child and Family Services Committee in the child's community, refer the matter to the Child and Family Services Committee; or

(b) where there is no Child and Family Services Committee in the child's community, apply to a court for a declaration that the child needs protection and for an order.

Informants at all levels suggested that the time frame established in this section is not long enough, particularly considering the geographic isolation of some of the communities and the fact that a Child Protection Worker may only be providing service on a visiting basis. In addition, Child and Family Services Committees have not yet been established. As well, it was reported that the court related timelines are all too short considering the fact that remote communities have to rely on circuit court.

The respondents were of the opinion, however, that the timelines related to case reviews are too long. They felt that case review should be done more frequently than every three months. Many jurisdictions replicate the CFSA requirement for quarterly reviews, with Standards and Case Management Protocols calling for more frequent formal reviews for the more complex or high risk situations.

Complex Process Tied up with Legalities

Social workers were concerned that the Family Court process takes an excessive amount of time in contested cases resulting in long delays in obtaining court orders.

Many workers interviewed see the process for assisting children and families under the new CFSA as more complex and more cumbersome than it was under the former legislation. There is reduced flexibility, they report, and, in addition, there are too many players in the process, adding to the time and difficulty it takes to coordinate activity. Once a person has become involved, it is important that they stay informed, but information does not always get to all the people that need to know. This viewpoint is indicative of the shift in paradigm from the old model of case management in child protection which was a singular relationship between the child protection authority and the client, to the new order which calls for community partnerships, recognizing the important role of both formal and formal systems. To make the shift, all levels of the community stakeholders require training and sensitization, and support as they learn the skills needed to invoke the new direction.

Sections Lacking Clarity

- Section 33, "Method of Apprehension without a warrant" needs to be clarified. Child Protection Workers and police officers report that they need clarification on what is considered a "place" and if it includes a "dwelling". Workers and police officers are confused about when they need a warrant in order to apprehend.
- Informants are requesting further information on how the new CFSA might impact the Education Act.
- There is a lack of clarity on the access to an adjournment order if required.
- There is a need for more clarity in the definition of neglect. There is currently a revision to the legislation in Ontario to address a clearer definition of neglect which might prove useful to the NWT.
- Social workers felt that they are being asked to do legal work in their preparation of court documents such as Notices of Hearing and Affidavits. They argue that more accessible legal support is required.

Confidentiality and Sharing of Information

It was reported that within the hospitals, there is good support for child welfare issues and services. The sharing of information provides a good foundation for positive collaboration, and there is the confidence amongst the hospital and child protection staff that information related to child protection will be safeguarded.

However, with the requirement to notify the Bands of child protection matters there is a potential for a breach of confidentiality that was reported as a concern by youth, parents, social workers, and Band members themselves.

A further concern is the difficulty maintaining confidentiality in a small community when so many people in the communities are related, particularly with the requirement under the CFSA to include more people in the case.

Several community respondents reported that confidentiality rules, and communications breakdowns between agencies, get in the way of coordinated efforts with children and their families. A mechanism for early identification and intervention would assist in maintaining positive and comprehensive communication, and a coordinated approach to assistance.

Relationships with Other Agencies

The legislation actively encourages the working together with family, extended family, community members and agency staff. Examples of how the legislation is working well in providing that framework are as follows:

- Stanton Regional Hospital working on an internal child protection protocol to further support the good working relationship between child protection workers and the hospital staff.
- Child Development Centre at Stanton Regional Hospital works with children with emotional, genetic, and physical problems, and works closely with child protection services.

Additional work is seen as required in the following areas:

- An improved interface between the aboriginal communities and child protection services needs to be developed. There is a lot of history to overcome but it is also important that children are appropriately protected.
- More information-sharing is required between the child protection workers and the RCMP, although relationships exist between RCMP and social workers are generally good.
- There needs to be greater collaboration amongst agencies, particularly between public health, social services, physicians, Community Health Representatives and the RCMP. Social Services should be more involved in interdisciplinary teams.
- A few community service providers reported that the child welfare services were reluctant to work collaboratively with other children's or mental health services. This observation seemed to relate to individual workers or supervisors, rather than the system as a whole.

- There needs to be more evidence of school involvement in case management planning and Plans of Care.
- Educators need more support from other agencies in working with kids at risk, calling for more interagency involvement and treatment options.

Relationships with Aboriginal Communities

Although it is understood that the Aboriginal organizations participated in the development of the revised Child Welfare legislation, in each of the communities visited there were informants who suggested that Aboriginal organizations should have more input and influence in the ongoing planning and delivery of child welfare services. There may be situations where a representative of the aboriginal community could be selected by the client to participate as their advocate in the case planning process. At the policy and program development level there needs to be the opportunity for the Aboriginal perspective and experience to ensure programs are designed and delivered in a manner that is meaningful to their communities.

In addition, Government and the Health and Social Services Boards need to work with Aboriginal groups to identify a process leading to self-government that builds capacity to develop child welfare competency. Currently, most First Nations do not have staff assigned to child protection due to a lack of resources. Therefore, when the mandatory documents such as notices of court proceedings are delivered according to legislated requirements, there is no designated person to receive and manage them. The lack of a structured process results in questions about the security of confidential documents and the certainty that all parties are aware that the legal obligations are being fulfilled. In addition, there is some question as to whether all citizens of a First Nation or other aboriginal group would consent to the delivery of documents related to their case to aboriginal government and/or organizations.

Traditional knowledge is generally seen as a very important resource and there is a sense that it should be further researched and used as a basis for future legislative regulation and policy development. Traditional knowledge can also be used in the development of culturally appropriate treatment options and residential school survivor support services.

Regulation of Minimum Standards

The Regulations provide for "Minimum Community Standards" which must be used in determining the level of care adequate to meet a child's needs. In addition, the regulations make provision under "Child Care Facilities and Foster Homes" for the authority of the

Minister to "establish standards or requirements for child care facilities and foster homes".

At present, while Standards are under development, there are none currently available under the Regulations to provide guidance to the foster care parents and group homes. The number of children in homes are reported to be large at times and a concern was raised about the ability for the foster homes to maintain acceptable standards of care while under the strains of excessive numbers of children along with the intensity of parenting required by the some of the children. The absence of established standards creates the potential for poor quality assurance, and can increase the risk of liability for the HSS Boards and the Department.

There are several accrediting bodies in North America which have developed excellent detailed Standards to address child and family services best practice. One such is the Council on Accreditation of Services for Children and Families, known as COA. The COA Standards can serve as a meaningful blueprint in the development of Territorial Standards under the Regulations.

Enforcement of the Treatment Plan and Plan of Care

The service plans for children put in place under one Health and Social Services Board are not necessarily supported or upheld by another Board. Throughout the Northwest Territories, the legislation applies, and the Plans of Care established under the legislation should apply across the Territories as well. As children from Nunavut are served in NWT, an intergovernmental agreement for the care of children between Nunavut and NWT may have to be established if this is not adequately covered already in existing protocols. If a First Nation or other aboriginal government establishes separate legislation, an intergovernmental agreement may be required as well.

An issue that was raised by both clients and social workers was the inability of the child welfare worker to enforce a requirement for alcohol or drug treatment for a care-giver as part of a Plan of Care. Interestingly, the parent respondents talked of the folly of forcing a person into a treatment program. They said that treatment works only if one chooses to attend. The real task of an effective social worker, they argue, is to help the parent want to attend.

Delegation of Authority

The Director may not delegate any power or duty referred to in section 31 (medical care or treatment) or 32 (power of the Director to act), 53. (2) (assistant Director powers), 55.

(1) (ability to delegate powers in writing). Under section 55. the Director can authorize a chairperson of a Child and Family Services Committee to exercise the powers and perform the duties of an authorized person. There is limited delegation of the Director's authority at present which requires many decisions to be handled within the Department. The Child and Family Services Committees have not been established for the most part and the HSS Board staff members have limited ability to act without involvement of the Department staff. This creates a bit of role confusion for the Department, and for the field staff. It will be important for the Department to rationalize its role, and reconcile the ambiguity in the roles of the Department and HSS Board.

B. Recommendations

It is recommended that:

Strengthening of the Aboriginal Presence and World View in the Child Welfare Program

1. The Department and its NWT Child and Family Services Advisory Committee ensure that there is meaningful input from the aboriginal communities on the activities that are necessary to ensure that the child welfare legislation, regulations, practice standards, and direct services reflect the needs, interests, and character of the aboriginal peoples.
    - The Terms of Reference and membership of the NWT CFS Advisory Committee should be reviewed to ensure that its purpose statement supports an active role for the aboriginal communities in guiding the development of the child welfare program, and key stakeholders are represented.

2. A process be established with the HSS Boards and the Department to develop strategies to recruit and retain Aboriginal persons to senior staff positions within the HSS Boards and Department with a view to ensuring that the management of child welfare and related services are representative of the world views, experience, and interests of the Aboriginal nations.

3. The relationship between the respective roles and responsibilities of Aboriginal Bands and Child Welfare Services be discussed in each community to provide clarity about their mutual interests in the delivery of services to Band children and their families.

4. Under the direction of the Child and Family Services Committee, a Working Group be struck to look at the feasibility of developing a community structure, using the Child and Family Services Committee as a platform and following the example of the

Community Justice Circles, which considers community options for at-risk children and their families which would be driven by the world view and practices of the Aboriginal community.

System Accountability

5. A position of Child and Family Advocate be established whose responsibility it is to ensure that the rights of children and their families are articulated and respected, that children and their families have access to an independent arbiter if they believe their rights are abrogated, to monitor the functioning of the child welfare service and provide the Legislature with an annual report on the systemic issues which impact the children within its charge.
    - The Advocate can either report to the Legislative Assembly in a model similar to Ontario's, or work from the Department of Health and Social Services. The latter is useful as a short-term solution, but is undesirable in the long term as an arms-length relationship to the Department is necessary to avoid real or perceived conflict of interest.

6. A Formal Complaints Procedure be in place at all levels of the child welfare program, which is distributed to all service recipients at the beginning of the service, and provides the opportunity for complaints to be heard in a structured, impartial and respectful manner.
    - As conflicts also arise amongst service partners, a comparable formal written Conflict Resolution Mechanism should exist at the HSS Board level to resolve conflicts or disagreements within the service sector. The HSS Boards may require access to professional support for mediation of disputes and assistance with a stalled process when needed.

Legal Supports to Clients

7. Legal supports be developed for non-abusing parents, such as through restraining order enforcement or alternative legal mechanism in remote communities on a 24 hour basis, so that more children can remain in their own homes safely. A protocol between the child welfare and legal authorities could be constructed to address the issue.

Clarifying Legislation

8. The time limit for the establishment of a Plan of Care Committee and a Plan of Care be reviewed to consider the realities of direct service logistics. The new time limit should be determined through consultation with child welfare services and community service providers to reflect a balance between direct practice capacity and best practice standards.

9. Similarly, all timelines in the legislation be reviewed to balance system capability and best practice standards.
10. The legal processes required by the Act be simplified and legal assistance is readily available for Child Protection Workers.

11. Clarity is assured on the fact that a Treatment Plan and Plan of Care established in one Board area has force across the Territories.

Resourcing

12. The appropriate financial resources required to properly implement the legislation are provided.
    - Currently, resourcing falls short in supporting the family support early intervention intentions of the Act. Governments tend to be short-sighted in not allocating resources to prevention and early intervention services. Invariably the short term cost is significantly less than the long term cost consequence of not providing the services.

Confidentiality

13. An Inter-Departmental Committee determine the extent and impact of Confidentiality Barriers across sectors which limit the sharing of information in child protection matters, and recommend action to remove those barriers.

14. Aboriginal organizations which receive notice of CFSA action develop a policy and practice related to the management of confidential child welfare information to protect aboriginal clients from breaches of confidentiality. Band training on Confidentiality and Protection of Privacy would be important.

Governance and System Management

Review Framework: The discussion on Governance that follows is undertaken in the context that a dynamic tension exists between the Department and the HSS Boards with regard to the need for accountability and the need for flexibility within the child welfare envelope. At the risk of over-simplifying the matter, it is an issue of the child welfare system having sufficient controls and structures in place for the Department to exercise its responsibilities as stewards of the public purse and agents of the Legislature to monitor system compliance with funding and legislative requirements, while at the same time the HSS Boards having optimum flexibility across funding envelopes to develop creative and effective solutions to address issues of community wellness and child well-being so as to provide the best child welfare service that is possible within the resources available.

The key to successfully negotiating the necessary tension between the two seemingly conflicting agendas is for the two parties to continue to work in partnership to meet their respective responsibilities. The Review, however, showed some weakness in the service accountability within and between the Department and HSS Boards. There needs to be a strengthening of the accountability relationship between the HSS Boards and Department, but with respect for their partnership, mutual responsibility and shared interest.

One needs to be clear on the Department's role as agent of the legislature to monitor the implementation of the legislation and the allocated funds; and the HSS Boards' role as agents of their communities to monitor the impact of the legislation and the well-being of their communities' members. The skilled negotiation of the interface which creates the dynamic tension can strengthen the processes and the outcomes. The success of the HSS Board/Department collaboration will be measured by their capacity to effectively undertake the negotiation, respect their broad common goal, and understand their complementary but different responsibilities. The bottom line is their shared responsibility for and interest in the safety and well-being of the children of NWT.

The Department as Systems Manager: The Territorial Government's "Agenda for the New North" provides the framework for communities to become more involved in and responsible for services for their children. In response, the Department of Health and Social Services has refocused it's child welfare responsibility from that of program manager to that of manager of the broader children's services system. Operational responsibility has been delegated to the HSS Boards. The change is an important one in the Territories. For the Department, it represents a significant shift in its operational paradigm. Once a service delivery agent, the Department must now become a system manager.

A well managed system:

- Focuses on outcomes;
- Measures performance;
- Reports performance regularly;
- Demonstrates that resources are well-spent, well-managed, and used for the purposes for which they are intended.

As Child Welfare system manager and agent of the Legislative Assembly, the Department has specific responsibility to set legislation, regulations, policy, and standards of practice, and direct resources to government child welfare priorities. Its responsibility is to get the best services for children from the public dollar and make efficient use of available resources so that more children can benefit from services, and client outcomes are improved.

The Department is responsible for operationalizing the government's vision for child welfare by contracting with community agents, that is, the HSS Boards, to deliver the program. The Department is accountable to the Legislative Assembly for ensuring the program delivered meets expectations. In turn the Boards are similarly accountable to the Department. With each holding accountability, an effective partnership is required. In order to ensure the services delivered produce the desired outcomes, the Department enters into service and funding agreements with the HSS Boards which assert the expected program outcomes and performance measures to determine the extent to which the expected program results are generated. Their contract reflects mutual agreement on the program expectations and outcomes. The agreements are bilateral, with each party holding expectations of the other. The Department establishes service parameters and expected outcomes; the Boards establish resource requirements to deliver the outcomes within the parameters set. The interdependence of the Department and Boards to ensure expectations do not exceed system capacity, and their mutual commitment to best practice, drive the collaboration.

Systems management supports an integrative approach which includes other human services such as health, education, and justice, and directs services to person and family centered planning that is community based, culturally competent, cross-sectoral and collaborative. People requiring services are seen as consumers of a community of services rather than clients of one agency. The coordinated system of services anticipates needs, responds early and effectively, and reduces the need for future services.

Three key processes that are necessary conditions for effective systems management are:

- Setting Expectations: the Department is responsible for determining the outcomes to be achieved and any legislative, policy, procedures or directive requirements. The Boards are responsible for determining and operating the vehicle by which the outcomes are to be accomplished. While each has its own span of responsibility, these are most effectively accomplished through collaborative negotiation, articulated in a service and funding agreement;

- Contracting: the Department and Boards enter into negotiated agreements that bind them to work conjointly, each within their context, to achieve specific, measurable results according to established expectations;
- Monitoring. The Department puts in place reporting processes with the Boards that ensure the conditions of the service and funding agreement have been met, and the desired outcomes achieved.

To effectively undertake their respective responsibilities, a partnership relationship which demonstrates a shared responsibility and commitment to public accountability based on shared principles must exist. Following are examples of accountability principles which support a systems partnership:

- Funding supports the planned objectives and results that are expected;
- Funds are used wisely and prudently to achieve expected results;
- Funding and Service Contracts reflect agreement on basic requirements about expectations, monitoring and reporting;
- While the Department and Boards are expected to account for all public funds allocated, accountability requirements support the creative and flexible deployment of funds across program lines to provide the Boards the greatest opportunity to address community child welfare needs;
- Administration is efficient and frugal, maximizing deployment of resources to direct service;
- Funding and program fairness and equity exists across all Regions;
- Openness and transparency in decision-making is in place;
- Expectations do not exceed system capacity;
- Quality service is provided, measured by program outcomes, and service providers are accountable to for prescribed outcomes.

Role of Departmental Consultants: The Departmental Consultants' role is to work with the HSS Boards to plan, develop, negotiate, fund and monitor the children's service systems. The Consultants work to support open, integrated and accountable community structures and processes in conjunction with the Boards through which to promote, plan, negotiate, implement, and supervise the child welfare program. The process, or relationship, integrates local needs with Departmental priorities, legislative and policy requirements, program and service expectations and available resources. It works to ensure that the client outcomes that are agreed to and funded are delivered.

Defining program and service delivery outcomes, performance indicators and reporting requirements are critical components of the work. The Consultants work with the HSS Boards to determine needs and respond to a changing environment, track resource needs, develop overall program direction, and input into internal policy.

Consultants function as the primary contact with the HSS Boards. They supervise and inspect the operations of the Boards insofar as they relate to children's services and provide advice and direction to ensure compliance with the relevant legislation, policies, regulations and standards of performance. They provide planning support to the Department and to the HSS Boards, investigate and review serious occurrences or critical incidents, monitor planning for permanent wards, and, in conjunction with the Boards, work with target communities to ensure services are consistent with their needs.

The governance responsibility of the child welfare program is held by the Government of the Northwest Territories, with service delivery delegated to Health and Services Boards under the Child and Family Services Act. Separate from and equivalent to the governance authority of the NWT, and in some cases, the Federal government, and contingent on the successful negotiation of the Self Government Agreement, self-governing First Nations may have the ability to choose to exercise their jurisdiction in the area of child welfare and establish separate legislation and governance authorities.

A "Key Features of the NWT Society", from the "Agenda for the New North," is a statement of values and principles which includes:

- "Bringing decision-making closer to the people," which commits government to ensuring that community residents are able to develop priorities for programs and services to meet the needs of their people.
- "Ensuring accessible and equitable programs and services," which commits government to ensuring that basic services are available to residents when they need them and that the services will meet minimum standards.

These two principles are respected in the Health and Social Services Board structure as important decisions affecting program and service delivery are made at the HSS Board level and best efforts are made to ensure accessible and equitable program and service delivery throughout the Territories.

A. Findings

Governance Roles and Responsibilities

The governance functions for Child protection are carried out at two levels. The Legislative Assembly, with the Minister responsible for the Health and Social Services Department, are the most senior level. They are responsible for the overall legislative and policy agenda. Ministerial responsibility is also maintained for the effective delivery of the programs and services in line with the pertinent legislation and allocated financial resources.

The Minister has delegated some of the decision-making authority to the Health and Social Services Boards. Most of the HSS Boards are made up of people appointed by the Minister. As the delegation structure is relatively new and the social services responsibilities were added to Boards with pre-existing health related authority, the roles and responsibilities are still blurred. There was general consensus that additional clarity and a more comprehensive understanding of the governance authority held by the HSS Board is necessary. Such clarification will enhance the further development of the relationships between the HSS Board and the Department at managerial and service delivery levels as well. As First Nation and other aboriginal governments continue to develop, alternate forms of joint governance or joint management may be required with additional work needed on roles and responsibilities.

Amalgamation of Health and Social Services under the HSS Board Structure

Most respondents supported the decision to decentralize child welfare authority to bring it closer to the communities it serves. The concept of a local "Board of Directors" that reflects the values, perceptions, and priorities of its constituent communities are commonplace in child welfare service systems throughout the country. Its strength lies in the opportunity a community Board structure provides for communities to develop local solutions for families, and to maximize use of local strengths and resources. In all jurisdictions this structure is complemented by a Provincial or Territorial central authority, such as the Department of Health and Social Services, which establishes the parameters necessary to ensure consistent standards of child welfare practice.

The dark side is twofold. Firstly, the lack of information or understanding a local Board of Trustees might have child welfare, and secondly, the problem of the potential politicization of a Board of Trustees and how that influences decisions concerning competing priorities, create risks in a decentralized model. Community informants spoke to these risks, and indicated in particular that the current HSS Boards, having evolved from Health Boards, (or in the Dogrib Community from an Education Board,) put Health and Education concerns ahead of child welfare matters, and in fact do not understand child welfare issues. The lack of understanding, and apparent disinterest in child welfare, can have significant impact on the safety and well-being of the community's at-risk children. Concern was also expressed that the medical model orientation of the Health Boards was incompatible with the holistic approach of social services.

They also spoke of the risk that comes from the intimacy of the Board Trustees with their community when child protection concerns arise. The Trustees can, and reportedly occasionally do, interfere in the child welfare workers undertaking their tasks through inappropriate exercise of influence. Safeguards need to be put in place to ensure such interference is managed. An example of a safeguard might be the establishing of a protocol which constrains Board Trustee involvement in child protection matters, and which defines a Conflict Resolution Process to resolve when someone breaks the protocol.

The amalgamation of health and social services under an HSS Board structure with its inclusion of child welfare services is new to the Territories. Several respondents pointed out that the amalgamation has not been without difficulties. Some respondents do not trust the decision-making process of the Boards of Trustees and their senior managers. However, the management and service delivery staff are still working to find ways of collaborating for more integrated programming so that the Board of Trustees and senior staff can provide the leadership necessary to support effective frontline child welfare services.

Specific Delegation of Authority

Currently, the signing authority held by the "Director" as defined in legislation is only held by Health and Social Services departmental staff. Work is underway to develop additional people to hold signing authority within the Department. It is important to delegate signing authority to HSS Boards as soon as possible in order to reduce the reliance on the Department for day to day decision-making related to the delivery of child protection services. It is also necessary to resolve some of the ambiguity related to the "who does what" of direct service. Such resolution will involve developing the competence and interest of the HSS Board in child protection matters through training, and again will need structuring through a protocol defining the purpose of the delegations, and the supporting roles and responsibilities. This task could reasonably fall to NWT Child and Family Services Advisory Committee and the Aboriginal Communities Advisory process in concert with the HSS Boards.

Open Communication

Boards of Trustees and their senior managers are not seen by community respondents as open as they need to be in maintaining communication and accountability with staff, community members and clients. Several respondents suggested that Board Trustees and senior staff need to better understand the role of social workers in order to provide the necessary guidance and support, another indicator of the necessity of a comprehensive training program for Board Trustees and senior managers on child welfare matters.

Resource Allocation to Boards and Within Board Structure

There appears to be considerable variation in the funding and resourcing for children's services amongst the Regions. However, as there is no standard allocation mechanism or equity formula, and as Departmental tracking of the allocated funds and resources is limited, it is difficult to track the full scope of the variation. Consistent funding and resourcing information by Board which allows for resource comparisons was unavailable. It is important that there is comprehensive information which identifies all the dollars in children's services, including direct care, staffing, program management and administration, and allocated central administration to assist in determining relative equity and adequacy of funding for each Board. The HSS Boards need to undertake a process with the Department to determine, then reconcile, the different resourcing and the consequent differing levels of service that can be provided given the variance in the allocations. Several of the people interviewed suggested that there might be a need for redistribution as current allocations are seen as unfair and inequitable.

HSS Boards were said by some respondents to promote competition for resources amongst various services when funds were limited because of their willingness to move funds amongst program lines. These respondents wanted a fixed child welfare base so that children's funds were dedicated. On the other hand, others reported satisfaction with the flexible application of funding which allows HSS Boards to respond flexibly to their community's priorities and specific needs without constraining funding rules. The concern that some respondents had was that there is a risk that child welfare funds could be allocated according to local political priorities rather than community needs. Perhaps a maturation of the Board Trustee structure will support their functioning outside a political environment in child welfare matters. Nevertheless, notwithstanding several reservations about current functioning, the general agreement was that the HSS Board system was a preferred model for delivering child welfare services.

A recurrent theme is the need to provide child welfare training for Board trustees and senior staff to increase their understanding of the issues related to child welfare, and the compelling importance to address child protection judiciously. If the HSS Board of Trustees is to undertake its responsibility to develop and deploy its resources with due regard for children at risk, they need to understand the business of taking care of children. Board Trustees and managers need to develop their understanding of their complementary responsibilities in both health and social services, including child and family services, in order to be in a position to access required resources and allocate the resources internally to ensure the delivery of mandatory programs and services.

Board Trustee Orientation, Training and Development in Child Welfare Services

The decisions of the Boards of Trustees and their senior managers are only as good as their level of understanding of the complex field of child welfare with its child protection responsibility. Quality management support, and a clear understanding of the child welfare mandate, roles and responsibilities is also essential in ensuring program effectiveness. Concerns were identified that the Boards of Trustees do not provide the level of orientation for new members and ongoing training and support in child welfare required to adequately undertake the child welfare responsibility.

HSS Board/Community Relations

The HSS Boards, for the most part, have not developed a broad-based community wellness strategy for children. There was a general concern expressed about the consequences for children of the residential school experience of many of their adult family members, the alcohol and drug abuse, and now chronic gambling that is undermining the communities. It was repeatedly stated that a comprehensive integrated multi-disciplinary strategy needs to be put in place in each community, with the requisite resources, if the problems are to be addressed effectively. The strategy must be multi-generational and long term. As clients repeatedly said to the Team, ". . .the help must reach the underlying feelings we are having, not just deal with the surface issues."

A Community Wellness Strategy for Children is necessary if the compelling needs of the at-risk children are to be mitigated. Such a strategy must be multi-dimensional, investing in prevention and early Intervention programs targeted primarily at creating conditions of healthy living in a community. It must include broad-brush universal programs, such as education, recreation and health promotion programs which all community members access, targeted programs which address at-risk children and their families, such as Home Visiting and Supported Pre-school Programs, (a good example being in Fort Smith), and focused clinical services directed at those most in need. Two useful resources to consider that are cited in the Bibliography are, "Our Promise to Children" distributed through the Canadian Institute of Child Health, and "A Circle of Healing: Family Wellness in Aboriginal

Communities. *Promoting Family Wellness and Preventing Child Maltreatment: Fundamentals for thinking and Action"*. It will be important in the construction of any Wellness Strategy to include the wisdom that comes from traditional teachings and healing methods to address what learning and renewed understanding these can provide to the current context.

A Community Wellness Strategy for Children should be driven by community concern, with active involvement with the Board Trustees. There were a number of people interviewed that suggested that the Board Trustees need to be more visible in the community and further develop their relationship with the community or communities within their areas. The Trustees' ability to serve the priority needs of the communities' children is only as good as their understanding of those needs. The relationship can be further developed by more frequent communication, public forums and planning and priority setting that includes the community. If there is more openness between the Trustees and Board senior managers and their constituent communities, more access through open meetings, Town House Meetings, and pro-active Trustee/community interaction, trust and confidence of the community will be enhanced. The accountability relationship to the Department currently seems to dominate. Accountability to the community is under-developed.

Specific networking among the HSS Boards and other Aboriginal governance structures is important. It is one of the ways available to develop a common vision. A "community roundtable" on social services may assist in develop a more unified sense of direction. A focus on social services specifically is necessary as health issues seem to dominate otherwise.

B. Recommendations

It is recommended that:

Address issue of Systems Management and Development of an Accountability Framework

15. A process be developed to further clarify the respective roles and responsibilities of the HSS Boards and the Department in terms of governance, management and service delivery level. The objective is to vest the operational responsibility for the delivery of Child Protective Services at the HSS Board level, and overall funding and regulatory responsibility with the Department, within an environment of partnership and collaboration.
    - A mechanism for delegating the authority of the "Director" to senior HSS Board staff with legislative support be developed to permit the Director functions to be retained at the HSS Board level. Such delegation should be supported with training,

development and a decision review process.

- The current NWT Health Care Association re-examine its Terms of Reference to accommodate the Social Services envelope in equal measure to Health services, with particular reference to the child protection responsibility.
- Supported by the Department and the NWT Child and Family Services Advisory Committee, the Association assume responsibility for ensuring Boards of Trustees and senior managers receive a comprehensive orientation to child welfare services that would strengthen their understanding of their child welfare responsibility and its fit within the Health and Social Services mandate.
- A protocol be developed for all HSS Boards which constrains Board Trustee from direct involvement in child protection cases, and which defines a Conflict Resolution Process to resolve when someone breaks the protocol.
- A Standard Orientation module for all Boards be developed by the Department in conjunction with the Child and Family Services Committees.

16. Departmental personnel currently referred to as Consultants be assigned the responsibility of ensuring the HSS Boards are in compliance with the child welfare Legislation, Regulations, and Standards, to monitor the funding agreement to ensure the allocation is spent accordingly, and to monitor that the HSS Board has appropriate safeguards and quality assurance mechanisms in managing the child welfare service to meet the expectations and intent of the Act.
    - Rather than the consultants having Program Area responsibility, they would have Systems Coordination and Liaison responsibility for HSS Boards. The HSS Board support functions would be carried through the relationship between the HSS Board and their respective Departmental Consultant. The Departmental Consultants could carry a program function as well, with each assigned a lead role similar to their current responsibilities. There appears to be sufficient capacity within their workload to accommodate such a model.

17. The Department and HSS Boards of Trustees work together to develop mechanisms which will strengthen internal accountability regarding child welfare. This will require developing a system where child welfare funding to HSS Boards is built on contractual agreements which include such elements as:
    - To monitor prudent and effective management of public funds, the contract require that the HSS Board of Trustees affirm it is in compliance with all statutes and regulations, guidelines and policies that accrue to child welfare;
    - To monitor whether HSS Boards have the capacity to fulfil their responsibilities, the contracts require HSS Board of Trustees' affirmation of activities to establish an orientation for new Board Trustees on the roles and responsibilities of Board

members, and on the program area of child welfare, with supporting information materials;

- To monitor that the HSS Boards of Trustees understand the expectations concerning their delivery of child welfare services, the contract include a description of program areas with clear outcome statements related to the Departmental vision for child welfare, each having clearly articulated expected results and performance measures;
- To monitor performance, the contracts require the HSS Boards of Trustees to report financial and service data elements in a standardized format and agreed-upon performance measures on an established cycle to the Department through the Departmental Consultant.

18. HSS Boards have policies and practices in place to guide child welfare allocation decisions, and that the decisions and rationale are accessible to HSS Board management, staff and the community in order to ensure the child welfare budget and allocations processes are open and transparent for interested stakeholders.

19. The child welfare allocations for the HSS Boards be reviewed based on agreed-upon measures such as workload, population, geography and other relevant criteria with a view to establishing funding and resource equity amongst the Regions. A time-limited strategic redistribution plan, if needed, would follow from the review.

20. The Department, in partnership with the NWT CFS Advisory Committee and the HSS Boards, develop an Action Plan for Child Welfare Services to guide subsequent activity in child welfare reform.
    - Meaningful participation from all stakeholder groups, including children, youth, their families, and aboriginal organizations is essential. It is also necessary to resolve some of the ambiguity related to the "who does what" of direct service.

21. Each HSS Board have a Public Relations Strategy concerning its child welfare programs which includes regular communication with community stakeholders through communiques, meetings and round table discussions.

Development of the Information and Reporting Mechanisms that are Necessary to Support Systems Management and Accountability

22. Service and financial data on the child welfare program be collected in a systematic way by each HSS Board concerning their respective Regions and reported to the Department.

- The Department provide the HSS Boards with comprehensive aggregated information on the child welfare services within NWT to develop their understanding of the program and to guide their policy and resource allocation decisions.

23. The Information System, (CFIS), in development be designed to serve the stated interests of the frontline worker. The Information System must inform, frame, and define practice in a meaningful way so that it becomes a tool for the social worker or it will not be supported. It must not have the net impact of making their work more complex or more difficult.
    - The Information System be well field tested to ensure relevance to the frontline workers, (or it will suffer the fate of so many in the jurisdictions, where the input was so unreliable that there was little validity in the data.)

Management

Effective management is critical to the protection of children. Given the risks involved in dealing with child protection matters, safeguards must be in place to ensure the legislation is adhered to, the standards are met, and staff are competent and supported and equipped to perform their tasks. As the work of child welfare is stressful, managers must create an environment in which their staff feel respected, empowered, supported and understood. They must have the tools to do their job, and know that they have the backing of their managers.

The managers serve as the bridge to the funders and policy makers, that is, the HSS Boards and Department. It is important that managers serve the interest of the children, not only by supporting the social workers as effective interveners, but also by effectively informing the funders and policy makers of the issues of child welfare so that the resources, policies and procedures that are developed are all contributing to the goal of best practice. It is incumbent for any system to be well managed and, therefore, that the managers have access to accurate, reliable data which can inform practice, program development, policy and planning.

A. Findings

The management of the child welfare services was found to be uneven. While there were strengths in some jurisdictions that were well resourced, in others there was little or no evidence of managerial support. Social workers spoke of feeling like, "We're floating out in space," when discussing their lack of connection to the HSS Boards of Trustees and senior managers. They reported feeling that the Board Trustees and managers had little understanding or interest in child welfare.

In some communities, such as Lutsel'ke and Fort Resolution, (and Hay River because the position was vacant at least during the review), there were no direct supervisors, notwithstanding the requirement in the CFSA Standards Manual for a supervisor to play a role in several areas of accountability, quality assurance and program management. In the absence of available or effective consultation or development with supervisory staff, social workers developed informal peer support and consultative processes.

From the reports of the social workers there was evidence of a need to develop management competencies which are strengths-based and work from encouragement and skill-building. Social workers in some areas reported feeling disenfranchised, not encouraged to participate in the development of the services, feeling done to rather than being part of. This can create an environment of oppression which impacts the client as well. Generally, where supervisory positions exist there was a good relationship with staff. However, most frequently the supervisors themselves were case carriers, limiting their availability to perform their managerial duties. As a result, mentoring, consultation, regular case review, and performance appraisals suffered. It will be important for Boards to ensure the multi-rater appraisal system that is in place is implemented in order to address managerial competence and effectiveness.

Span of Management

Social workers expressed the need for regular supervisory sessions, and regular team meetings. A difficulty in places like Tulita, Fort Resolution, and probably Lutselk'e, Sachs Harbour, and others where there is a single or itinerant social worker remote from their supervisory base, however, is the lack of timely and accessible managerial support. Such lack creates an absence of opportunity for consistent mentoring, monitoring, and limits competency building, and performance appraisal. Further, it limits the manager's financial and procedural control. There is a risk of the social worker feeling isolated, not a part of a team with whom they can affiliate for support, and detached from their core function. The lack of connection within social work teams contributes to a problem of ensuring consistency in practice.

It is important, then, that the supervisory persons in place are actively connected with each of their staff. To do so, they need time, competence, and opportunity. As well, they need an operational grasp of the basic principles of effective leadership. In simple terms, there must be enough skilled supervisory bodies available to be accessible to the social workers to fulfil the mandatory functions and provide effective leadership.

One factor influencing access to a supervisor is the ratio of supervisors to social workers. The Child Welfare League of America cites a ratio of 5 social workers carrying a total mixed caseload of 75 to one supervisor as the preferred standard. A mixed caseload includes investigation as well as ongoing child protection cases. In many jurisdictions a generally accepted compromise that has been driven by constraints is one supervisor for a team of six social workers carrying a total mixed caseload of 96 cases. Both these models work from the assumption that the supervisor is readily accessible by time and place to the social workers. However, the models do not factor in the variable of time and distance that is a reality in much of the Northwest Territories.

Table 1: Caseload Ratios

HSS Board	# of CSSW	# of Sups	Ratio Sup to CSSW	Investigation	CFSA Cases	Total Cases	Cases Per CSSW	Cases Per Sup	CWLA Standard	Constraint Model
Deh Cho	6	1	**1:6**	63	153	216	24.1	**216**	**75**	**96**
Deninu	1	0	**0**						**75**	**96**
Dogrib	5	1	**1:5**	41	35	76	6.6	**76**	**75**	**96**
Fort Smith	5	1	**1:5**	43	60	103	11.6	**103**	**75**	**96**
Hay River	3	1 vac	**1:3**	19	47	66	14	**66**	**75**	**96**
Inuvik	16	3	**1:5.3**	119	197	316	12.3	**105**	**75**	**96**
Lutselk'e	2	0	**0**						**75**	**96**
YKHSS	7	1	**1:7**	91	214	305	28.7	**305**	**75**	**96**

(Based on figures for January, 2000. No figures available from Deninu and Lutselk'e)

With 45 child welfare workers and 8 child welfare supervisors, according to the "Master List of Child Protection Workers and Other Persons" provided by the Department, it would appear that there is sufficient supervisory coverage, but this is misleading. To address the requirements of the NWT, there is a need to look to a differential deployment of supervisors, and establish a ratio that works by social work team within each region and which considers both time/travel variables as well as caseload.

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Table 2: Supervisor to Social Worker and Case Ratio

	# of Social Workers per Supervisor	# of Cases per Supervisor	% NWT is over the CWLA Standard and Constraint Model
Preferred CWLA	5	75	
Constraint Compromise Model	6	96	41%
NWT Actual	5.6	135	80%

(Source: "Master list if Child Protection Workers and Other Persons" provided by the Department of HSS; and caseload survey conducted by the Department for the Review.)

From Table 2, it can be seen that the number of cases per supervisor exceeds the CWLA standard by 80%, and the Constraint model by 41%. The variance from Standard raises serious questions about how the NWT supervisors can be informed about the cases for which they are responsible, and provide adequate direction and support to their social workers.

The above figures do not account for the difficulty presented by distance, time and geography that are specific to NWT that are important factors in service accessibility, monitoring, and deployment. For Deh Cho, Inuvik Region, and Dogrib Boards there are several small communities that are served that require time and resources to access. Places such as Fort Providence, Fort Liard, Tulita, Holman Island, Sachs Harbour, Fort MacPherson, and several others have one or two child welfare workers with little access to regular supervisory support. In Hay River, at the time of the review, although there was a supervisory position on the books, it was unfilled. In Fort Resolution and Lutselk'e there are no supervisory positions. In Yellowknife, the community with the highest child welfare caseloads, there is one supervisor for seven child welfare workers who also has other duties.

When the case carrying responsibility of the supervisory team is examined, the Deh Cho, Inuvik and Fort Smith areas are particularly stretched when compared to the CWLA Standard. This is without factoring in the variable of the many small communities in the Deh Cho and Inuvik regions. For Yellowknife there is evidence of severe stress in the supervisory system.

Funding Allotments

Several community agency members and social workers expressed concern that the allocation of child welfare funds to the HSS Boards was not well managed at the time of divestment of child welfare operational responsibility from the Department to the HSS Boards. Firstly, they argued, there was no consistent rationale or allocation formula applied by which child welfare funds were allocated to the HSS Boards to ensure equitability. Secondly, by the HSS Boards extracting an administrative fee, the net allocation available for direct service was reduced. The respondents claimed that these were indicators of poor systems management, and that there needed to be closer scrutiny of the child welfare system as a whole, including its resourcing. Under the changes to the role of Departmental Consultants as proposed in the Review, such scrutiny would be one of the functions of the Departmental Consultant in her coordination and liaison relationship with the Board.

Quantification of Work

There is no useful quantification of child welfare work in NWT. Although several offices have developed methods to serve their immediate purpose, none of the information provided the kind of dynamic data which could support effective planning and resource deployment, nor could it tell the story of what was occurring on a case basis. There was no consistent agreement on what constitutes a case, what work should be counted, and on the amount of time or percentage of full time equivalency that a social worker dedicates to child welfare. Therefore, the development of a benchmark is not readily achievable.

It is recognized that much work has been done by the Department to establish a Territories-wide information system, the Child and Family Information System, or CFIS. The Department appears optimistic about the capacity of the new system. If it is to meet expectation, there is an important need to ensure that the Information System serves the front-line, is simple, and provides all and only necessary information. Reports must be relevant and immediately useable and readable. A heavy reliance on the people who are providing the information in the first instance will be critical to the success of the system development.

Without a system which can produce accurate and timely information, there can be no meaningful planning, and no meaningful accountability.

Opportunity for Advancement

In keeping with the needs of the communities and the children they serve, most of the social workers are aboriginal. Some social workers expressed to the reviewers that there is an apparent glass ceiling beyond which the aboriginal workers cannot go. They cited evidence that none of the Department staff with the exception of the Adoption Consultant who is retiring, and few HSS Board Senior Managers are aboriginal.

Managerial Presence

Foster parents reported that the supervisors were not sufficiently visible to them. The foster parents felt that was an indication that the supervisors were not sufficiently involved or informed about the work that the social workers were doing. It also led them to believe that the supervisors were not useful or accessible in mediating conflicts or disagreements between the foster parent and the social worker.

In one community, the community agencies spoke of the need for the social work supervisors to learn what it is discouraging the social workers and develop strategies to support them. They described the managerial environment as one of paranoia and suspicion.

Direct Supervision

Supervision of caseworkers is multi-faceted. It provides support, encouragement, collegial problem solving, reduces isolation and a sense of being out on a limb with critical decisions. It provides training and development, back-up for difficult cases, and performance appraisal. Without supervision, there is little accountability regarding performance, little opportunity for development, and an increased risk that a debilitating sense of isolation and abandonment will develop which undermines confidence and subsequent good decisions. Child welfare is a field where the caseworkers must come from a place of personal confidence and competence, with the ability to make tough calls under pressure. A role of the supervisor is to support both the development and maintenance of competence, but also of confidence.

Supervisory competence should not be assumed. People without the ability need training. Untrained supervisors, when uncomfortable with role, often resort to control mechanisms. This was evidenced with one team of discouraged, disenfranchised and oppressed workers. Good child welfare work requires social workers who are empowered to operate from a strengths-basis. Control methods are demeaning, disrespectful, and disempowering. If a climate of control is developed in an office, it will often be reflected in the direct practice with the client.

Training

A recurrent theme is the need for training, of Departmental staff in the role of systems coordinators, of HSS Board Trustees and senior managers, of supervisors, social workers and foster parents.

LEARNING requires the development of the **CAPACITY TO DO** (a learned curriculum, for example) **PLUS A REINFORCING ENVIRONMENT**. Training can provide the skills, but the Managers and Supervisors provide the opportunity to perform and the supportive environment which leads to confidence and competence. Competence is built through ongoing supports to learning, not one-shot workshops or professional education – those are the starting points. Therefore, building ongoing in-service support to learning and competence development at all levels is important if the system is to expect competent performance on the ground.

B. Recommendations

It is recommended that:

Strengthening the Child Welfare Program Development and Management

24. The appropriate financial resources required to properly implement the legislation are provided.
    - The NWT CFS Advisory Committee review the current level of supervisor and social worker resources and deployment in the Territories, and make recommendations to address staffing shortfalls in order to ensure that there are sufficient human resources to meet the requirements of good practice, and the CFSA Standards.
    - There is a pressing need for two additional supervisors in Yellowknife, and one additional supervisor each in Inuvik Region and Deh Cho. The Hay River supervisor position should be filled immediately, and one additional supervisor hired to support Deninu and Lutselk'e.
    - A process should be immediately put in place to do a detailed analysis of supervisory coverage in all Regions to rationalize further supervisory needs, taking into account the CWLA Standards, and the impact of travel and access on the supervisory capacity.

25. An assessment of administrative resources be undertaken at the HSS Board level to increase the clerical and administrative support to social workers.

26. Social workers have ready access to vehicles, or a reasonable reimbursement for use of their own vehicles, if the child protection mandate is to be met.

27. An Inter-Departmental Committee for Children and Youth be established which reports to the Assistant Deputy Ministers of the Departments of Health and Social Services, Education, Culture and Employment, and Justice. The Committee membership should

have equal representation from each of the three Departments and a supporting Terms of Reference directing the Committee to look to the spectrum of shared concerns for children and youth, crossing over jurisdictional boundaries, and resolving jurisdictional conflicts and inconsistencies.

- The NWT CFS Advisory Committee, in conjunction the Inter-Departmental Committee for Children and Youth, examine the needs of the 16-18 year old group, and make recommendations to fill the void in services and jurisdiction. The Working Group should include youth, parents and community representatives, and members of the community services.
- The Inter-Departmental Committee for Children and Youth support the Department and HSS Boards to develop opportunities to reinvest funds for integrated prevention and early intervention programs. The Committee should develop a policy which drives the development of such programs across the Territories. A process to look at successful early intervention models and how these would fit in NWT would be advisable.

28. HSS Boards be authorized to divert in-care dollars to provide early intervention home support services as an alternative to admitting children to care where it is safe to do so.

29. The Inter-Departmental Committee determine the extent and impact of Confidentiality Barriers across sectors which limit the sharing of information in child protection matters, and recommend action to remove those barriers.

30. Aboriginal organizations which receive notice of CFSA action develop a policy and practice related to the management of confidential child welfare information to protect aboriginal clients from breaches of confidentiality. Band training on Confidentiality and Protection of Privacy would be important.

31. The NWT CFS Advisory Committee, HSS Boards and Department jointly undertake the development of an NWT Resource Development Strategy to examine the foster and group care needs of the Territories. Activity would be directed to establishing foster and group care standards, recruitment, screening, assessment, and training processes, and program monitoring and evaluation.
    - Foster and group care standards included in the Regulations.
    - The development of group care within NWT to repatriate the children being referred South would be an important objective.
    - Kinship and customary care placement options would be a focus of interest.

32. The Department include in its Quality Assurance responsibility, the annual file reviews as stated in the Standards, and an annual review of each permanent ward.

33. The Department and HSS Boards collaborate on developing tele-medicine style technology in isolated communities and a network of contractual mental health experts to provide consultations and assessments by voice, e-mail, or through video to children's services.

34. The existing multi-rater performance appraisal system be implemented for all management and staff, supplemented with training on staff development, working with staff who are performing below expectation, and progressive discipline.

35. The Department and Boards develop a strategy to enlist the local businesses as partners in developing effective community services for youth.

36. The NWT CFS Advisory Committee, in conjunction with social workers, HSS Boards and Department, review the ratio of "*children placed*" to "*children served at home*" and recommend action to ensure good practice admissions decisions are being made.

37. The Department actively encourage, resource and support the revitalization of the NWT Foster Parent Association.

Direct Service

A. Findings

Overall, the energy and connection of the social workers with whom the reviewers met to their community were impressive. Their sense of humor and strong team support for one another were remarkable, and their commitment to the children and families with whom they work is unquestionable. They have a strong sense of community and its role in helping children and families move to health. Many were from the communities in which they worked, and most are aboriginal, an important strength system-wide. The front-line workers that the reviewers met were all seen to be, or have the potential to be, capable and effective child welfare staff if given the resources and supports necessary to do the job.

There was a wide variation, however, in their skills, knowledge and experience in child welfare. There is a need for systematic child welfare training and development programs at both the NWT-wide, and HSS Board-specific levels to serve as general upgrading of intervention skills, refreshers on legislative requirements, and issue-specific training. In particular there is a need to develop more sophistication in helping the social workers recognize dynamics that underlie surface behaviours, particularly in the aboriginal communities that are suffering from the consequences of residential schooling, alcohol, drug and gambling addictions, poverty, the loss of hope and opportunity, and the disenfranchisement that comes from being detached from one's culture, traditions, and roots. Further, there is a need to bring the social workers up to speed on intervention strategies that can be implemented to support children at risk, and provide the social workers with the resources to use them. This includes teaching the social workers of the resilience and strengths within families, and early intervention strategies that work with these strengths to work towards healing. It will require specific training to support adjustment in skills and attitude that are necessary with the paradigm shift from linear child welfare to the integrated service delivery of the community partnership model.

A universal concern expressed by the caseworkers and their community partners was that high caseloads prevented the social workers from effective intervention. In fact, both the discussions with the community partners and the reading of files supported the viewpoint that many of the social workers operate on a reactive crisis-response basis, and are not involved with ongoing counseling or community development. Reactive social work is often driven by an over-extended system; it is equally often driven by an unskilled system where alternative strategies are not well understood, and hence not utilized. Both conditions apply in NWT. There is, therefore, the need for both resourcing and skill-building strategies.

However, it was difficult to assess the workload issue. There are no standard data systems in place which give good information on caseloads or workloads. Notwithstanding the Review Team's development of a data collection tool which was used to gather caseload information for the purposes of the review, the data itself should be considered soft, and useful in providing a general picture only. Quality data collection must be a priority for the Department if it is to be able to have confidence in the information it is dealing with.

Staff as Participants in the System

Social workers expressed the feeling that they were generally excluded from participating in the planning of the larger children's service system. It was reported that the managers attended Departmental training opportunities and were consulted on process changes, but few social workers. As the managers do not have the same frontline perspective or experience, the social workers report, their advice to the Department was often flawed and uni-dimensional. Social workers reported that they should be more involved in training, as participants in community inter-agency meetings, and in Departmental consultations. They reported feeling left out of the planning process and from important decisions.

Staff Development

In the field of Child Welfare the recruitment and retention of experienced, skilled social work staff is a constant challenge. This is particularly so in a system where the preferred candidates should also be aboriginal and familiar with a Northern environment. It is important to invest in the development of accessible training programs to build a cadre of people with the characteristics preferred to fill the positions from whom one can recruit. It is also important to develop personnel practices and in-service training and support programs to retain and develop those persons once on staff. Further, it is important that the staff have the tools available to undertake their responsibilities.

The social workers reported that they have little or no opportunity for training. They said that training is generally targeted to supervisors and managers, but does not cascade down to them. The little training they received on the legislation and child protection responsibilities was insufficient, and quickly lost without regular supervision, in-service training, and consultation.

Workloads

Social workers need manageable workloads, and access to clinical and community supports if children are to be protected. It is not possible for a social worker acting in isolation to protect children and work to ameliorate the circumstances which led to the need for protection. They require full collaboration from the community. This is particularly so in under-resourced areas. For this reason there is much movement in the field of Child Protection towards Community Partnerships and Wraparound Case Management. Both are leading edge re-applications of traditional concepts that families and communities, including both informal and formal systems, must act collectively to help their families and children most in need. Both are time-consuming intervention processes.

Table 3: Comparison of NWT Caseloads with CWLA Standards

HSS Board	# of CSSW	Investigation cases	CFSA Voluntary cases	CFSA Protection cases	Adopt'n cases	Total cases	Cases per CSSW	CWLA standard # cases /worker	Constraint Model # cases / worker
Deh Cho	6	63	90	55	8	216	36	**15**	**16**
Deninu	1							**15**	**16**
Dogrib	5	41	23	10	2	76	15	**15**	**16**

HSS Board	# of CSSW	Investigation cases	CFSA Voluntary cases	CFSA Protection cases	Adopt'n cases	Total cases	Cases per CSSW	CWLA standard # cases /worker	Constraint Model # cases / worker
Fort Smith	5	43	45	13	2	103	21	**15**	**16**
Hay River	3	19	30	12	5	66	22	**15**	**16**
Inuvik	16	119	96	100	1	316	20	**15**	**16**
Lutsel'Ke	2							**15**	**16**
YKHSS	7	91	55	147	12	305	44	**15**	**16**
Total	45					1082	24	**required # workers 72**	**required # workers 67**

(Based on Snapshot Survey of cases in January, 2000, conducted by the Department for the Review. No figures available from Deninu and Lutsel'ke)

The above table reiterates the position discussed in the section on supervision that the workloads are excessive when compared to reasonable standards. Both Yellowknife and the Deh Cho Region show extraordinarily high workloads compared to both the CWLA Standard and the Constraint Compromise, particularly when one factors in the geographic coverage of Deh Cho that requires extra time and stretches supervisory capacity. Yellowknife workloads are almost three times the recommended Standard of the Child Welfare League of America. The other areas, with the exception of the Dogrib Region, show caseloads approximately 40% higher than the recommended standard. It is important to recognize as well, that many of the 45 current social workers carry responsibilities for seniors and the disabled as well as their child welfare responsibilities. A few still have probation cases.

Conservatively speaking, ***without accounting for the non-child welfare related responsibilities of the social workers, nor making adjustments for geography and travel, and using the "constraint compromise" of 16 cases per worker for mixed caseloads,*** the HSS Boards collectively are under-resourced by 22 social workers. If one adjusts to address the need for supervisory coverage, again at the constraint model of a 1:6 ratio, the Boards collectively require at least 3 more supervisors on numbers alone.

Employment Status

There appeared to be a potential problem with the status of the Social Workers for some HSS Boards. Some social workers reported being confused about their status and union affiliation. The confusion could represent a lack of clarity on "who the employer is." This has

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Employment Status

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Staff Supports

Staff reported great frustration at not having the resources and supports to undertake their responsibilities effectively. They reported that in some cases, children were brought into care because the staff did not have reasonable access to a vehicle which would allow them to support a child in their own home. A client with medically fragile children reported that she was capable and willing to provide care in her own home but needed counseling for stress and a Home Support worker. Neither was accessible so her daughter and son were sent to Alberta for care and considerable expense. With the intervention options being limited through a lack of resources, the choices that social workers make are more likely to be intrusive, more costly, and less satisfying to all concerned.

Staff reported that there was little administrative support in most offices. As such, the social workers are responsible for the most part for their own clerical work. This creates a considerable draw on their time which, with the already heavy load of case recording, form filling and court preparation, diverts them further from direct service.

Case Management

Case Management is a structured process by which activities are undertaken in a planned way to met specific objectives. In child welfare, the overriding objective is to ensure the safety and well-being of the child. In undertaking a review of case management practice one looks for evidence of a service model, and evidence that the model is delivered systematically and effectively. One looks for the tools that support the model, and evidence of how the implementation is monitored to measure results.

What was found in the review was a mixture of practice styles, some very effective and some not so. However, a standardized case management model was absent. While there was excellent work in some communities, it seemed more often to be a function of the particular skills and attitudes of the individual worker rather than as a consequence of a system capacity. The work that was undertaken on cases was not readily apparent in the file reviews, although, with some digging and reconstruction of the process in some cases, the reviewer was able to reconstruct what appeared to be thoughtful and caring intervention which served to protect the child. In fact, in all files read where there was a report that suggested children were at imminent risk, the case was handled quickly and thoroughly, with excellent cooperation evident between the social worker and the police. This was consistent across Regions.

The general character of the service across the Territories, however, was lacking in several important areas. Most often the practice was reactive, responding to an immediate complaint or concern. Neither the immediate incident-related intervention, nor ongoing service was found to be directed by a structured plan built on a social assessment. There was no evidence of permanency planning on a systematic basis, little evidence of case planning, little evidence of meaningful family involvement notwithstanding the regular use of the Plan of Care, and few files showed assessments, social histories, supervisory involvement, or a community process to provide integrated, collaborative multi-disciplinary services. Nevertheless, the actual participation of service partners reflected generally good working relationships that exist on the ground.

The availability of other children's services in communities was uneven, but it was impressive how several were developing active service partnerships based on a wellness model. The Tulita Wellness Centre, and activities in the Dogrib, Fort Smith, and Deh Cho are excellent examples.

Aboriginal Services

Notwithstanding the almost equal split between aboriginal and non-aboriginal people in the NWT general population, the children being served by the Territorial child welfare services are, for the most part, aboriginal. The CFSA legislation, regulations, policies and procedures, however, were written by non-aboriginals. The NWT Department of Health and Social Services responsible for overseeing implementation of the legislation and monitoring the child welfare system is non-aboriginal. The senior managers of the HS Boards charged with managing the child welfare services in the communities are non-aboriginal. Essentially, if the mainstream is building, driving and maintaining the child welfare bus, it's a mainstream bus going in a mainstream direction to a mainstream goal, regardless of the best of intentions. Perhaps the self-government negotiations will address the matter. In the meantime, it would be important that a process be implemented which supports the Aboriginal communities in deciding where they want child welfare to go, how they want to get there, and determine, then build and maintain, the vehicle that will take them there. Only then will the aboriginal values and world view be engaged in a meaningful way to direct the services to their children.

Plan of Care

There is a fundamental problem with the Plan of Care construct as it currently sits in the CFSA. While the intent of having a quasi-voluntary process proceed court action has merit, in practice it appears to be flawed. Horejsi, Heavy Runner Craig, and Pablo (1992) write about the history of oppression that seriously damages the capacity of many aboriginal parents to accept help from child welfare services. They speak of a level of shame, confusion, and fearfulness that can construct an illusion of passive compliance. This was reflected directly in the reports of client parents who spoke of the Plan of Care as a device constructed by social workers to coerce them, and in which they "pretended to agree to because we had to. . .even if we didn't understand it."

When people are forced into a crisis by the threat of intrusive action, such as the removal of their child, few are motivated to enter into a thoughtful participatory process with the threatening agent. They are at a place of anger, embarrassment, fear, and shame. They will often withdraw into passivity. This withdrawal can mistakenly be read as compliance or agreement, or perhaps a lack of commitment or interest. The Plan of Care, then, becomes a plan of the social worker that is essentially imposed on the parent. There is no agreement. There is often little understanding of what it contains. Without the sense of being a real participant from the parent, the Plan of Care has little real value other than to have avoided a court process. Parents need time and support to be brought to a point where they can enter into a meaningful Plan of Care. That requires skilled support and counseling, and, of course, time.

It was evident from both the files and interviews that there is much training to be done to make the Plan of Care provisions of the CFSA work in the spirit in which they are intended. Social workers need a better capacity to recognize where the client is at in terms of their willingness and ability to meaningfully participate in the process. They will need to learn intervention strategies and group processes to engage sufficient stakeholders with the family to make a constructive Plan that is effective and achievable. For the most part, the Plans read were simplistic, did not have adequate representation from the family or community, had poorly constructed objectives, often had no signatures, and had little evidence of child or family participation.

A further issue is with the use of the terminology of 'Plan of Care.' Co-opting the name "*plan of care*" for this specific legislated function blurs the requirement for meaningful plans of care to be developed in every case that is served. In child welfare best practice, plans of care form the basis for all interventions, regardless of the legal status of the case.

Permanency

The need for security, stability, predictability, and continuity in significant relationships is fundamental to a child's well-being. Historically, the child welfare system has been woefully inadequate in providing such to children who come to its attention.

In the review of cases, there was no evidence of attention to the child's needs for permanence and stability. Planning seemed to be driven by the immediate circumstances on an ad hoc basis rather than by a thoughtful long term plan. As such, permanency needs, (operationalized as security, stability, predictability, and continuity in significant relationships), were not seen to be attended to.

It would appear that ***permanency*** is often equated with ***adoption***, and is not considered until all other service avenues are exhausted. That is an outdated view of permanency, where the current best practice is that permanent solutions for children are considered from first contact, and involve a range of options. As well, it is important to be sensitive to the mistrust within many aboriginal communities to adoption that results from the historical abuse of aboriginal communities by mainstream child welfare adoption practices.

Nevertheless, it is harmful for children to live for extended periods in temporary circumstances. They require the sense of connection and grounding that permanency provides to them for their emotional well-being. Research demonstrates the importance of moving quickly to secure permanency for children, particularly young children, if the damaging effects of the trauma of child welfare intervention are to be mitigated. Studies also suggest that children are better served in adoptive, kinship or guardianship homes than long term foster care when they cannot live safely in their own homes.

In mainstream child welfare, the current direction supported by research and experience has been to shorten the period of time under the child welfare legislation that children can be in temporary care before a permanent plan is invoked. For the most part, that permanent plan is adoption. However, it is important for the Aboriginal communities of the Territories to discuss how permanency can best be delivered to their children in a way that makes sense in the NWT. What is a way that meets the child's need for security, stability, predictability, and continuity of significant relationships with the context of Aboriginal culture and traditions? Whatever is decided, the issue of permanency and stability needs to be one of the first factors that is considered when intervening with a child and family, not one of the last.

Planning and Assessment

The Department Child and Family Services Standards Manual provides the framework for child welfare practice. Although the manual is still in development, it is the result of much thoughtful effort. It lacks, however, in an important area. There is no systematic requirement or template for case planning and assessment. In its discussion of the purpose of the file, for example, there is no reference to the usefulness of the file as a support to planning, assessment, and case monitoring. There is reference to using case notes as a place for planning, but case notes invariably become a process record rather than a synthesis. In Standard 805A there is a reference to goal-setting, but it is without context.

It is not surprising, then, that there was little evidence of structured planning in the files, except for a few reports prepared by social workers for court or a group home applications. It is not possible to deliver an effective service to a child or family if the dynamics that are to be addressed are not understood. As well, without a record of assessments and social history there is no continuity on file and the capacity to provide a service that has internal consistency is compromised. If effective planning is not undertaken, one cannot have confidence that good decisions are being made on behalf of children, and effective interventions are being utilized.

Effective planning is goal-directed, participative, measurable, and concrete. It measures the accomplishments, not the tasks. One parent reported the folly of setting goals that aren't useful. She was required to attend an alcohol treatment program in Hay River. She didn't want to but she did and got her kids back. "That was crazy", she said to the reviewer, "If they tested me to see if I had learned anything that would have been different. But they didn't ask me to stop drinking, only to go to the program." A similar case occurred when a parent was required to take a parenting course. That she attended was sufficient for her kids to be returned. There was no discussion of her willingness or ability to implement that which was taught. Goals need to be useful and meet the objective of supporting a safe, nurturing environment.

Experience has demonstrated that comprehensive case planning built on a strengths-based assessment of the child in his or her social context supports good service delivery for effective results. Working from a strengths-based perspective is also cost-effective as it draws to the plan the resources within the child and family's environment which are often the most effective at reaching the desired objective, avoiding more intrusive measures. It is also important that realistic time frames are established within the case plan for progress reviews with specific, meaningful and measurable goals.

Good assessments are best based on good knowledge of the social context of the child. A social history is, therefore, an important piece to the assessment and planning process. This is often achieved through the development of eco-mapping or genograms which provide visual references to the social context. These were absent from all but one file.

There appeared to be a tendency for social workers to rely on external assessments by psychologists or psychiatrists. There was an implicit underestimation on the wealth of knowledge and unique perspective of the trained social worker. A comprehensive child or family assessment is like a jigsaw puzzle to which many players bring a piece.

No plan can be effective without the meaningful involvement of the family and child. That is not to say that they are required to agree or cooperate. The issue is that they are given a meaningful opportunity to participate within the limits of their ability as measured from a strengths-based perspective. Children and their families are often informed sources of information on what works best for them. If they are involved respectfully and with dignity as a partner in the planning of their future the intervention process can often be made much more directed and effective. As the parents and children both reported, "You can't make us do things we don't want to do." To engage families constructively requires new skills, and a shift in how parents are seen, from a ***focus of service*** to a ***partner in service***. It requires moving to a level of respect for their life experience and working with them as an adult person rather than marginalizing them.

Concurrent Work with Families

For the children in care there was little evidence that concurrent work was happening with the families to whom they were to return. The social workers stated that their large workload prevented them from being able to provide rehabilitative services to families. They said they are too busy fielding crisis and doing investigations.

It is not useful to provide alternative care to children only to return them to the same environment. Also, by removing the child to a treatment environment without providing complementary services to the family gives the child the discouraging message that he or she is the problem, not the family system. This messaging interferes with the child's successful treatment.

Once More on Forms

It would be a disservice to the social workers if we did reiterate their prime complaint of the huge number of forms they are required to manage to serve the CFSA and Information

System. It is difficult to assess the real time intrusion that the form-filling requires. However, it was quite evident that the forms are seen as serving no useful purpose to the person filling them out. If information gathering does not have immediate relevance to the person providing the information, in the case of social workers by informing or framing practice, it will most likely be resisted. The result will be incomplete data at best, and distorted data probably. But information gathering tools can be very useful in providing structure and planning to practice. Templates can be designed to assist in producing assessments and strengths-based case plans, face-sheets can provide a running record of services such as placements, and provide easy reference to legislative requirements such as meeting investigation deadlines, and tracking placements and court appearances. And, by developing standardized formats, consistency is encouraged across NWT.

Investigations

The files and interviews reflected a responsive approach by social workers in their initial investigations. It was clear that they have a good partnership with the RCMP, and that together the focus is on the safety of the child. However, decisions made following the initial investigation were unsupported in the files by a documented planning and assessment process.

The investigation process is a challenging one for the most skilled of workers. Making an accurate judgement as to the relative risk to a child in an environment, and the long term capacity of a family is a daunting task, because the stakes are so high. Since the 1980s the child welfare field has been experimenting with Service Eligibility Measures, Risk Assessment Tools, and Parenting Capacity Assessment Measures. There are several on the market, used by various provinces and an inter-provincial task force that have good track records and could be made available to support staff decision-making. These tools provide not only a consistent framework across the NWT, but also support the staff in difficult decisions, and protect the system somewhat from the liability of improper case decisions. This is an important consideration in an increasingly litigious environment. As well, thoughtful and well-documented files which demonstrate the steps that were taken in a child protection action, the decisions that were made, and the thinking that supported those decisions, is a basic requirement for good practice.

Because of the cultural diversity in the North, it is important to bridge the gap between cultural norms and legal mandates in the investigative process. This will be another area where quality training and supervision is imperative.

Integrated Service Delivery

Community Partnerships is a current buzz word in the child welfare field. It is also referred to as *integrated service delivery*. Times of persistent fiscal constraint have driven services towards each other to form service partnerships in order to cover the vast range of emerging needs. It is ironic that it took financial restrictions to drive a sound clinical direction.

Community partnerships take on a more significant meaning in the North where resources are limited, potential partners are few, and where the menu of available services is thin. Such partnerships are consistent with the philosophy of the NWT as expressed in its "Agenda for the North."

In other jurisdictions, some communities have found that the development of multi-service networks which have protocols which direct integrated case planning and delivery have not only softened the impact of resource constraint but have also increased the effectiveness of services. The Tulita Wellness Centre appears to be an NWT example of how integrated services have good potential. The higher the level of collaboration amongst services, the fewer the barriers to good service will be, and the better the results will be for the children and their communities.

File Management

In all offices, the files were well-maintained and followed the Standards Manual format. However, as indicated above, the files were static records of events past, not dynamic documents driving active intervention. There were no social histories, so there were no comprehensive records of the family context. There were no social work assessments, so there was no evidence that any intervention was based on a thoughtful strategic plan that had direction and purpose. While discussions with the individual caseworkers provided the assurance that there was good case intervention happening on the ground, this could not be determined from the file records.

There was inconsistent evidence of supervisory involvement or scrutiny of cases from the files. Although the CFSA Standards Manual is clear on the requirement for supervisory monitoring, it was evident that there was limited compliance. In some areas such as Hay River and Fort Resolution there is no supervisor. In some others, the evidence of their involvement is absent. The lack of supervisory monitoring could be a liability to the staff, the HSS Board and the Department.

Family Wellness Circle

In the smaller communities like Tulita, Sachs Harbour, Fort Liard, Fort Resolution, Lutsel'Ke and others the lone or itinerant child welfare worker have a daunting task when addressing child protection matters. The success of community conferencing as developed in Alaska as the Wraparound Process holds promise for a model which views child protection as a community responsibility. Wraparound planning involves creating a circle of concerned individuals to assist in planning for a child and family at risk. The members are invited by both the family, child, and social worker, and work collaboratively to find solutions to all can agree. It is similar to the intent of the Plan of Care but is done without the encumbrance of perceived authority or threat. The Community Justice Circles are similar examples. In this spirit, perhaps an NWT front-line workers and community leaders focus group could examine the possibility of developing a Family Wellness process to which chronic child protection matters could be taken to develop community solutions to problems affecting their children. The CFSA Child and Family Service Committees may serve as a potential platform.

Another example which can be researched is the "Family Decision Making" model, also known as the "New Zealand" model. There are several successful applications in Aboriginal communities in the United States. References are available through CWLA.

Admission Rate

In general terms, in any given year in most jurisdictions one would expect to the child welfare system to serve about 80% of the children coming to its attention in their own home, with 20% of the children being brought into care. In 1993, a random sample of child welfare cases in Ontario showed a 6% admission rate in first 2 months and another 5% being considered, or a total potential rate of 11%. In a 1994 Illinois study, placement rates ranged from 7% after one month's service to 21% after one year. In NWT in January 2000, 62% of the children served were admitted to care, and 38% of children were served in their own homes. While the 80:20 guideline is very soft, nevertheless since the NWT experience is so substantially different, it bears close examination as to what is contributing to the high numbers of children served in care relative to the cases served in their homes.

Admission to care is a costly business, both in psycho-social terms for the child and family, and in financial terms. Close scrutiny should be paid to each admission with a view to considering what formal or informal resources might assist to serve the child within his family or extended family network, or how the funds that will be expended for him or her in care might better be spent to support them. Often this teases out new community solutions. The Wraparound Process and its Decision Circle would be a great assist to the process of reviewing all placements of children.

Placement Resources

The foster parents and group home staff and parents with whom the reviewers met gave the impression of some very caring and committed individuals. Foster and group care placements are integral to the child welfare system. However, while they are a strength when well monitored, trained, and screened, they can present a risk if not carefully selected, trained, supported and monitored.

While the CFSA Standards Manual speaks to recruitment and training of foster homes, there was little evidence of consistent and effective screening and training of foster parents on the ground. The foster parents themselves raised concerns with the lack of process, orientation and training at the front end, and were concerned about the lack of involvement with the social workers and the lack of effective participation in planning for the children on an ongoing basis. Foster parents reported hearing of children being moved from their home from neighbours or the child prior to any discussion with the social worker, an indicator of a disengagement from the system of care. It was apparent that here is much work to be done to build a sense of collegial team between the foster care system and the social workers. In general, the whole area of fostering is in its early stages of development in the NWT and requires focus and resourcing. Recruitment, screening, assessment, training, and evaluation and development processes need to be developed which include both social workers and foster parents.

The recruitment and retention of foster families is a major problem throughout North America. With changing lifestyles, and children coming into care with difficult to manage complex behaviour, maintaining an adequate foster resource base is a major challenge. The most successful recruiters of foster parents are other foster parents. They can also be a significant resource for their retention. An effective child welfare system must develop a network of foster family support systems. The system must include reasonable fees, regular social work contact, limitation on the number of children placed, respite and in-home support, extensive ongoing training and development opportunities, being treated as a full member of the treatment team with deference and respect for their unique knowledge of the children, and the regular support of their peers. The reviewers were pleased to hear of the efforts that the Yellowknife Foster Parent Association has made to reach out to other areas within the NWT. The revitalization of the NWT Foster Parent Association would be a big step forward in the affirmation of the importance of fostering to the children of the North.

With a strong fostering program in place, the development of Therapeutic and Specialized parent model family resources can be more easily developed to serve younger children. As the father who's young son was sent to a group home in another province implied, It should be extraordinarily unusual for a 6 year old to be placed in a group home, even more so when it is essentially inaccessible to his family.

Group Home development within NWT needs to be a priority. There were 10 children from Yellowknife living in group homes outside the Territories according to a recent report. It is unknown how many there were from the other Boards. If one costs the care of out-of-Territories placement and its psycho-social consequences and limited opportunities for rehabilitation, against the value of a local alternative, a repatriation strategy is seen to be needed. This is particularly important as none of the Southern placements appear to have Aboriginal culture and traditions as the basis of their programs. While the social workers were comfortable with the quality of care the children are receiving in out–of-Territories placements, they were aware of the difficulties it creates to develop coordinated treatment plans with the families, and that the distance is a serious impediment to reunification. It was impressive, however, to see the extent to which effort was made to keep the children connected to their families.

A standard process of scrutiny and quality assurance in placement resources is important to safeguard the interests of children. The process should include setting standards of care, occupancy levels, staffing levels, rates structures and case plans of care to ensure the placements deliver to the child the service that is required.

Clinical Resources and Tele-medicine

A repeated message was the difficulty in accessing professional clinical services in communities in the North. It was a concern raised by many stakeholders. One parent talked of the frustration of being able to see his therapist only every two months. He found that all the gains made in one session were lost by the next. Others spoke of the problems of accessing assessment and treatment resources when needed on short notice.

While one approach to the access problem is to develop strategies to recruit mental health professionals, a more cost-effective alternative may be found in investing in tele-medicine technologies which connect with professionals with whom the Boards or Department can contract. There is much literature emerging on the efficacy of tele-connect methodologies, which are popular in isolated or under-resourced areas because they provide access to highly competent professionals without distance limitations. With the technology in place, it is possible to establish a virtual link from Fort MacPherson to Vancouver, St. John's, Ottawa, Oxford, Paris or San Diego at a cost significantly less than retaining a professional on site, and with at least acceptable results.

Child and Family Advocate

Several respondents, particularly clients, spoke of the need for a Child Advocate. They felt there was no process in NWT which supports the parent or child in the face of what is sometimes seen as an oppressive and unresponsive system. Most jurisdictions have established an advocative position within its child welfare or family legislation. The Child and Family Advocate is an important safeguard to ensuring that children and families have an independent person who can assist them in dealing with matters that may seem confusing, overwhelming, or where the system seems stacked against them. As one parent said, "The social worker has all the money, and they get their lawyer for free. What do I get? Nothing."

Detached Workers

Several of the youth with whom the reviewers met, and a few social workers, spoke of the difficulty for young people at risk not having supervision during the late hours of the night, "when we get into trouble." As the reviewers were told in Inuvik, the kids are up all night. A Fort Simpson youth spoke of how difficult it is for them to avoid getting into mischief when youth services close early.

There are several effective programs in other jurisdictions using detached workers, particularly in inner city environments, to support youth. There is an opportunity for the NWT to look at how that experience might be retooled to work in the northern environment. Yellowknife, Inuvik, Fort Smith and Fort Simpson are prime locations where detached worker programs could be piloted.

Role of the NWT DHSS

The Department was seen to be in a state of flux, not yet having found its place in the new decentralized environment. Essentially, the Department has three roles with regard to child welfare. The first is to develop Legislation, Policy, Standards and Procedures which support the implementation of child welfare legislation, and to monitor the agents to which the implementation has been divested to ensure compliance. The second is to be the steward of the public purse to ensure prudent and effective management of child welfare funds, and that resources are expended properly for the purpose for which they were intended and with the results that were determined. These two roles require the Department, through its Consultants deployed as the liaison with the HSS Boards, to ensure:

- That child welfare funding and performance contracts are written with each HSS Board on review of a Budget and Activity Submission from the Board;
- That child welfare financial data, service data elements, and performance measures are

routinely reported on a pre-determined schedule;

- That standardized terms and conditions are consistently applied across the Territories within the child welfare programs;
- That the Consultants compare reported results to the established expectations and monitor variances, both financial and service;
- That the Department provide the HSS Boards with aggregated financial and program information for their use;
- That the Department use the aggregated financial and program information for policy and program development and evaluation, in partnership with the HSS Boards.

The third is to act as a systems coordinator, assessing the function of the Child Welfare Program as a whole, planning, problem solving, and setting objectives that are dynamic and responsive, again within the partnership relationship with the Boards.

The primary interface between the Department and the field should be at the Board Trustee and Senior Manager level. The Departmental agents to interface with the Boards can be the current Departmental Consultants whose primary role can be redefined as systems coordinators. Their current consultative envelopes should be secondary, with the primary responsibility for those areas being vested in Joint Board Working Groups that the consultants facilitate.

The NWT CFS Advisory Committee is referenced throughout this report. It is seen as the basis for an important interface between the Department, the HSS Boards of Trustees, and the field. It provides a vehicle through which comprehensive multidimensional reviews of issues can be enriched by a broad range of perspectives. Membership, and clear Terms of Reference are key elements to its success. It will be important, therefore, that both receive attention early in the process.

Similarly, an Aboriginal Communities Advisory process can play an important role in interfacing with the aboriginal constituencies. It is important that it be seen as a vehicle through which the voices of the Aboriginal groups are heard and have impact. Again, review of the membership and Terms of Reference are essential.

The Department should not be, or be seen to be, involved with the day-to-day child welfare operations. It is important that the Department stay out of case management. Case issues that make it to the Department need to be referred back to the field. Case files should be held only at the field level. However, consistent with its systems coordination and quality assurance role, the Department requires processes to undertake case audits, program and operational reviews, and reviews of critical incidences and serious occurrences. It has a particular responsibility to audit services to the permanent wards.

Excellent beginning work is being done in large quantity regarding the CFSA and its supporting regulations and standards. The emerging Competency-Based Training is very comprehensive. The amount of work done in a relatively short period of time is truly impressive

The Health and Social Services Department must not be seen to operate in isolation from its two other key sibling Departments, Education Culture and Employment, and Justice. In other provincial jurisdictions inter-ministerial committees have been developed with varying results. It is recommended that an Inter-Departmental Committee for Children and Youth be established which reports to each of the Assistant Deputy Ministers. The Committee membership should have equal representation from each of the three Departments and a supporting Terms of Reference directing the Committee to look to the spectrum of shared concerns for children and youth, crossing over jurisdictional boundaries, and resolving jurisdictional conflicts and inconsistencies.

Business Community

In the book, Our Promise to Children, (1997), Offord talks of the importance of developing a civil community, one in which all members of the community participate in the support of its children. A major player that is sometimes forgotten in developing community awareness strategies is local business. David Hall, manager of a large urban Mall near Toronto, developed a series of strategies to engage youth to combat problems of vandalism and shoplifting. He describes his motivation as follows. "We give people in the community the resources they need to run programs they believe in", he reports, " Our philosophy is simple – the better the quality of life of the community, the better the business environment. If drugs and youth alienation are destroying a community, they will destroy business as well. It is therefore incumbent on business to make improvements in the community. We believe kids are an asset, not a liability, and a lot of our time is spent proving this. The results are obviously worth it."

His sentiments are echoed by John Evans, Chairman of the Torstar Corporation.
"In spite of turbulent times and government restraint, it is not too much to hope that we can make substantial progress in improving the well-being of children and families. Our knowledge of what is possible must be matched by a will to make it a reality. Investing in children is the mark of a compassionate society. It is also enlightened self-interest since today's children are Canada's intellectual, economic and social future."

The Department can support the Boards in engaging local businesses to provide opportunities for children and their families. By becoming part of the solution to child welfare issues, everyone benefits.

B. Recommendations

It is recommended that:

Strengthening the Child Welfare Case Practice

38. Provision be made to hire an additional 22 social workers, the deployment of whom to be determined by a detailed analysis of workload by region. Of pressing concern, however, are Yellowknife and Deh Cho, which should receive particular immediate attention.

39. Supervisors be required to meet with their staff individually at least bi-weekly, and as a Team monthly, to review cases, monitor and manage workloads, problem-solve and trouble shoot.

40. Every case file include a service plan which engages the child and the family, and their formal and informal supports, in a strengths-based, goal-directed collaborative rehabilitative action.
    - Templates, face-sheets, checklists, recording outlines and similar tools be developed with and for the social workers to structure and facilitate their practice.
    - The Standards require all files to contain a Social Work Assessment, Social History, Quarterly Case Summary, and service plan to be developed within 10 days of a case being opened and which is reviewed at the Quarterly Case Summary meeting with stakeholders. The term **SERVICE PLAN** is used to distinguish it from the **PLAN OF CARE**, but, except for the legal entity co-opting the term plan of care, the two terms are interchangeable.
    - The Service Plans articulate the services that are to be provided to families while their children are in care which will support repatriation or continued alternative care, based on a Permanency model.

41. Social workers and supervisors be provided with Risk Assessment, Eligibility, and Parent Capacity tools to support their case decision-making, and the training necessary to use them correctly.
    - Management tools be developed and put in place, such as quantified case data, workload information, performance appraisal processes which support good

management practice. Concurrent training on the use of the tools will be necessary.

42. Social Workers and supervisors utilize intervention strategies which effectively involve community partners and families in a new service planning paradigm so that the intent of the Plan of Care is respected, and included in all cases.

43. A decision-making framework be developed which governs case openings and admissions to care. Use of Risk and eligibility measures should be included.
    - Each potential admission to care be scrutinized in terms of possible alternative uses of the funding which will be necessary to provide in-care services, with a view to diverting those funds to support the child in her or his home or community if that is a preferable intervention.

44. A Case Review process be developed at each HSS Board to scrutinize all admissions to care in order to monitor the investment of resources in in-care services weighed against the investment of the same resources in in-home services.
    - Review the cases of all Territorial children referred for placement, or placed, outside NWT both at the point of referral and ongoing, to consider opportunities to invest the resources in more appropriate services closer to home.

45. In conjunction with the Aboriginal Communities Advisory process and the NWT CFS Advisory Committee, a Case Management Working Group that is cross-regional and multi-disciplinary, ensure a case management model for NWT is articulated and inserted in the Standards Manual. The Group should become informed about innovated approaches such as Wraparound and Multi-systemic Therapy, and assess their applicability to the NWT experience. There are several accrediting bodies in North America which have developed excellent detailed Standards to address child and family services best practice. One such is the Council on Accreditation of Services for Children and Families, (COA). The COA Standards can serve as a meaningful blueprint in the development of good case management practice.
    - The case management models be consistent with the needs and best interests of Aboriginal children and their families. A process should be implemented to review both traditional practice and knowledge and current mainstream practice to be used as a basis for legislative, regulation, policy and program development. The objective is to incorporate the Aboriginal world view into the child welfare program.

46. The NWT CFS Advisory Committee, in consultation with the Aboriginal Communities Advisory process, develop a **Permanency Planning Framework** relevant to the NWT experience that is respectful of the history, culture and traditions of northern

communities and their Aboriginal people.

47. The number of forms and complexity of administrative and legislatively driven documentation be rationalized and simplified through a process involving frontline staff.

Training Needs

48. A comprehensive NWT Human Resource Development strategy be developed which includes recruitment, competency-based supervisory training, competency-based social work training, cultural competence, performance standards, opportunities for advancement, and professional development.

49. Training be provided to support the development of skills which coordinate service partners and engage families and their representatives. Training will need to address attitudes and values as well as skills and interests.

50. Training be instituted for social workers and supervisors on the process of undertaking service planning for all cases, how to engage the players who should be involved, and how to manage and monitor the plan.

51. Social workers and supervisors be trained to do social work assessments, and social histories for all families served.

52. Social workers and supervisors receive training on the development of concurrent and permanency planning, and how to build these elements are built into a service plan for children.

53. Supervisors receive refresher training on their performance requirements under the CFSA, the Regulations and Standards with which they must comply, such as their responsibility to undertake case and file reviews as outlined in the Standards Manual.

54. Additional training and orientation be undertaken with children's services staff and supervisors/managers to ensure a comprehensive understanding of the CFSA legislation and regulations. An understanding of how the legislation translates into service delivery decisions also needs to be better understood. The link between the CFSA and complementary Education, Justice and Income Support should be included.

55. A child welfare supervisory training module be implemented to provide supervisors with the skills to be effective human resource managers in the field of child protection, including the development of leadership abilities. There are modules available through CWLC and CWLA, and through the Ontario Association of Children's Aid Societies which can serve as models, or be purchased "off the shelf."

56. Training be provided for foster parents and group home providers on the CFSA and its implications for their role in service delivery.

57. Training address attitudes and values of social workers, managers and foster parents, as they impact on the professionalization of foster families, asserting them as partners in the planning and delivery of care to children.

58. Periodic joint training in investigation, court processes, and records management between social workers and RCMP be provided as a means to build better working relationships and provide a base for a common understanding of legal requirements.

Summary

In summary, the NWT child welfare services are functioning precariously close to the edge. There are a number of warning signs that have been discussed above, most notably under-resourcing, uneven management and supervision, and weak accountability systems, which should cause concern and be prime motivators for change.

On the other hand, the child welfare services are well positioned to take great strides forward. There is leadership, commitment, motivation and capacity at both the Departmental and field level. There are capable and talented social workers and foster parents. There are enthusiastic and willing service partners. The climate is ripe for positive development. There are resources across the country from which the NWT can extract what is useful to build training programs, create new programs, develop and foster a spectrum of services, strengthen the Standards and Procedures, and support the emerging Information System. Nowhere is it necessary to start from scratch. There are no serious impediments for change beyond the one of financial resourcing.

There is also a state of readiness throughout the North as people are anxious to take charge of their own destiny. This willingness is reflected in a letter to the editor from Holman, NT, in the February 28, 2000 edition of News/North which contained the following affirmation. "Community wellness is about involving all community residents, as hard as it is sometimes, in identifying community issues and problems and then in coming up with community solutions to these problems ... Gone are the days when well-intended people outside the community try to fix things for us. Solutions to these social issues must be community driven ... "

Go for it! The Child Welfare League stands ready to provide whatever support might be useful.

Appendix 1: List of Recommendations

The following is a clustering and ordering of the recommendations that are contained in the main text as a proposed prioritization for the Department in developing its work plan. Sections A through G are discrete clusters. Work can occur on each concurrently. Within each Section recommendations are roughly ordered by priority.

A: Address Issue of Systems Management and Development of an Accountability Framework

(from text "Governance and System Management" pgs. 25-36)

Priority (highest to lowest)	**Recommendation** (numbering as presented in report)
1	15. A process be developed to further clarify the respective roles and responsibilities of the HSS Boards and the Department in terms of governance, management and service delivery level. The objective is to vest the operational responsibility for the delivery of Child Protective Services at the HSS Board level, and overall funding and regulatory responsibility with the Department, within an environment of partnership and collaboration. • A mechanism for delegating the authority of the "Director" to senior HSS Board staff with legislative support be developed to permit the Director functions to be retained at the HSS Board level. Such delegation should be supported with training, development and a decision review process. The current NWT Health Care Association re-examine its Terms of Reference to accommodate the Social Services envelope in equal measure to Health services, with particular reference to the child protection responsibility • Supported by the Department and the NWT Child and Family Services Advisory Committee, the Association assume responsibility for ensuring Boards of Trustees and senior managers receive a comprehensive orientation to child welfare services that would strengthen their understanding of their child welfare responsibility and its fit within the Health and Social Services mandate. • A protocol be developed for all HSS Boards which constrains Board Trustee from direct involvement in child protection cases, and which defines a Conflict Resolution Process to resolve when someone breaks the protocol. • A Standard Orientation module for all Boards be developed by the Department in conjunction with the Child and Family Services Committees.
2	16. Departmental personnel currently referred to as Consultants be assigned the responsibility of ensuring the HSS Boards are in compliance with the child welfare Legislation, Regulations, and Standards, to monitor the funding agreement to ensure the allocation is spent accordingly, and to monitor that the HSS Board has appropriate safeguards and quality assurance mechanisms in managing the child welfare service to meet the expectations and intent of the Act. • Rather than the consultants having Program Area responsibility, they would have Systems Coordination and Liaison responsibility for HSS Boards. The HSS Board support functions would be carried through the relationship between the HSS Board and their respective Departmental Consultant. The Departmental Consultants could carry a program function as well, with each assigned a lead role similar to their current responsibilities. There appears to be sufficient capacity within their workload to accommodate such a model.

Priority (highest to lowest)	**Recommendation** (numbering as presented in report)
3	17. The Department and HSS Boards of Trustees work together to develop mechanisms which will strengthen internal accountability regarding child welfare. This will require developing a system where child welfare funding to HSS Boards is built on contractual agreements which include such elements as: • To monitor prudent and effective management of public funds, the contract require that the HSS Board of Trustees affirm it is in compliance with all statutes and regulations, guidelines and policies that accrue to child welfare; • To monitor whether HSS Boards have the capacity to fulfil their responsibilities, the contracts require HSS Board of Trustees' affirmation of activities to establish an orientation for new Board Trustees on the roles and responsibilities of Board members, and on the program area of child welfare, with supporting information materials; • To monitor that the HSS Boards of Trustees understand the expectations concerning their delivery of child welfare services, the contract include a description of program areas with clear outcome statements related to the Departmental vision for child welfare, each having clearly articulated expected results and performance measures; • To monitor performance, the contracts require the HSS Boards of Trustees to report financial and service data elements in a standardized format and agreed-upon performance measures on an established cycle to the Department through the Departmental Consultant.
4	18. HSS Boards have policies and practices in place to guide child welfare allocation decisions, and that the decisions and rationale are accessible to HSS Board management, staff and the community in order to ensure the child welfare budget and allocations processes are open and transparent for interested stakeholders.
5	19. The child welfare allocations for the HSS Boards be reviewed based on agreed-upon measures such as workload, population, geography and other relevant criteria with a view to establishing funding and resource equity amongst the Regions. A time-limited strategic redistribution plan, if needed, would follow from the review.
6	20. The Department, in partnership with the NWT CFS Advisory Committee and the HSS Boards, develop an Action Plan for Child Welfare Services to guide subsequent activity in child welfare reform. • Meaningful participation from all stakeholder groups, including children, youth, their families, and aboriginal organizations is essential. It is also necessary to resolve some of the ambiguity related to the "who does what" of direct service.
7	21. Each HSS Board have a Public Relations Strategy concerning its child welfare programs which includes regular communication with community stakeholders through communiques, meetings and round table discussions.
8	5. A position of Child and Family Advocate be established whose responsibility it is to ensure that the rights of children and their families are articulated and respected, that children and their families have access to an independent arbiter if they believe their rights are abrogated, to monitor the functioning of the child welfare service and provide the Legislature with an annual report on the systemic issues which impact the children within its charge. • The Advocate can either report to the Legislative Assembly in a model similar to Ontario's, or work from the Department of Health and Social Services. The latter is useful as a short-term solution, but is undesirable in the long term as an arms-length relationship to the Department is necessary to avoid real or perceived conflict of interest.

Priority (highest to lowest)	**Recommendation** (numbering as presented in report)
9	6. A Formal Complaints Procedure be in place at all levels of the child welfare program, which is distributed to all service recipients at the beginning of the service, and provides the opportunity for complaints to be heard in a structured, impartial and respectful manner. • As conflicts also arise amongst service partners, a comparable formal written Conflict Resolution Mechanism should exist at the HSS Board level to resolve conflicts or disagreements within the service sector. The HSS Boards may require access to professional support for mediation of disputes and assistance with a stalled process when needed.

B: Development of the Information and Reporting Mechanisms that are necessary to support Systems Management and Accountability

(from text "Governance and System Management" pgs. 25-36)

Priority (highest to lowest)	**Recommendation** (numbering as presented in report)
1	22. Service and financial data on the child welfare program be collected in a systematic way by each HSS Board concerning their respective Regions and reported to the Department. • The Department provide the HSS Boards with comprehensive aggregated information on the child welfare services within NWT to develop their understanding of the program and to guide their policy and resource allocation decisions.
2	23. The Information System, (CFIS), in development be designed to serve the stated interests of the frontline worker. The Information System must inform, frame, and define practice in a meaningful way so that it becomes a tool for the social worker or it will not be supported. It must not have the net impact of making their work more complex or more difficult. • The Information System be well field tested to ensure relevance to the frontline workers, (or it will suffer the fate of so many in the jurisdictions, where the input was so unreliable that there was little validity in the data.)

C: Strengthening of the Aboriginal Presence and World View in the Child Welfare Program

(from text "Jurisdiction and Legislation" pgs. 11-24)

Priority (highest to lowest)	**Recommendation** (numbering as presented in report)
1	1. The Department and its NWT Child and Family Services Advisory Committee ensure that there is meaningful input from the aboriginal communities on the activities that are necessary to ensure that the child welfare legislation, regulations, practice standards, and direct services reflect the needs, interests, and character of the aboriginal peoples. • The Terms of Reference and membership of the NWT CFS Advisory Committee should be reviewed to ensure that its purpose statement supports an active role for the aboriginal communities in guiding the development of the child welfare program, and key stakeholders are represented.

Priority (highest to lowest)	Recommendation (numbering as presented in report)
2	2. A process be established with the HSS Boards and the Department to develop strategies to recruit and retain Aboriginal persons to senior staff positions within the HSS Boards and Department with a view to ensuring that the management of child welfare and related services are representative of the world views, experience, and interests of the Aboriginal nations.
3	3. The relationship between the respective roles and responsibilities of Aboriginal Bands and Child Welfare Services be discussed in each community to provide clarity about their mutual interests in the delivery of services to Band children and their families.
4	4. Under the direction of the Child and Family Services Committee, a Working Group be struck to look at the feasibility of developing a community structure, using the Child and Family Services Committee as a platform and following the example of the Community Justice Circles, which considers community options for at-risk children and their families which would be driven by the world view and practices of the Aboriginal community.

D. Clarifying Legislation

(from text, Jurisdiction and Legislation" Pgs. 11-24)

Priority (highest to lowest)	Recommendation (numbering as presented in report)
1	8. The time limit for the establishment of a Plan of Care Committee and a Plan of Care be reviewed to consider the realities of direct service logistics. The new time limit should be determined through consultation with child welfare services and community service providers to reflect a balance between direct practice capacity and best practice standards.
2	9. Similarly, all timelines in the legislation be reviewed to balance system capability and best practice standards.
3	10. The legal processes required by the Act be simplified and legal assistance is readily available for Child Protection Workers.
4	11. Clarity is assured on the fact that a Treatment Plan and Plan of Care established in one Board area has force across the Territories.
5	7. Legal supports be developed for non-abusing parents, such as through restraining order enforcement or alternative legal mechanism in remote communities on a 24 hour basis, so that more children can remain in their own homes safely. A protocol between the child welfare and legal authorities could be constructed to address the issue.

E. Strengthening the Child Welfare Program Development and Management

(from text "Management" pgs. 36-44 and *"Jurisdiction and Legislation" pgs. 11-24)*

Priority (highest to lowest)	**Recommendation** (numbering as presented in report)
1	24. The appropriate financial resources required to properly implement the legislation are provided. • Currently, resourcing falls short in supporting the family support early intervention intentions of the Act. Governments tend to be short-sighted in not allocating resources to prevention and early intervention services. Invariably the short term cost is significantly less than the long term cost consequence of not providing the services. • The NWT CFS Advisory Committee review the current level of supervisor and social worker resources and deployment in the Territories, and make recommendations to address staffing shortfalls in order to ensure that there are sufficient human resources to meet the requirements of good practice, and the CFSA Standards. • There is a pressing need for two additional supervisors in Yellowknife, and one additional supervisor each in Inuvik Region and Deh Cho. The Hay River supervisor position should be filled immediately, and one additional supervisor hired to support Deninu and Lutselk'e. • A process should be immediately put in place to do a detailed analysis of supervisory coverage in all Regions to rationalize further supervisory needs, taking into account the CWLA Standards, and the impact of travel and access on the supervisory capacity. Note: Recommendation #12 includes the introductory statement and first bullet of recommendation #24.
2	25. An assessment of administrative resources be undertaken at the HSS Board level to increase the clerical and administrative support to social workers.
3	26. Social workers have ready access to vehicles, or a reasonable reimbursement for use of their own vehicles, if the child protection mandate is to be met.
4	27. An Inter-Departmental Committee for Children and Youth be established which reports to the Assistant Deputy Ministers of the Departments of Health and Social Services, Education, Culture and Employment, and Justice. The Committee membership should have equal representation from each of the three Departments and a supporting Terms of Reference directing the Committee to look to the spectrum of shared concerns for children and youth, crossing over jurisdictional boundaries, and resolving jurisdictional conflicts and inconsistencies. • The NWT CFS Advisory Committee, in conjunction the Inter-Departmental Committee for Children and Youth, examine the needs of the 16-18 year old group, and make recommendations to fill the void in services and jurisdiction. The Working Group should include youth, parents and community representatives, and members of the community services. • The Inter-Departmental Committee for Children and Youth support the Department and HSS Boards to develop opportunities to reinvest funds for integrated prevention and early intervention programs. The Committee should develop a policy which drives the development of such programs across the Territories. A process to look at successful early intervention models and how these would fit in NWT would be advisable.
5	28. HSS Boards be authorized to divert in-care dollars to provide early intervention home support services as an alternative to admitting children to care where it is safe to do so.
6	29. The Inter-Departmental Committee determine the extent and impact of Confidentiality Barriers across sectors which limit the sharing of information in child protection matters, and recommend action to remove those barriers.
7	30. Aboriginal organizations which receive notice of CFSA action develop a policy and practice related to the management of confidential child welfare information to protect aboriginal clients from breaches of confidentiality. Band training on Confidentiality and Protection of Privacy would be important.

Priority (highest to lowest)	Recommendation (numbering as presented in report)
8	31. The NWT CFS Advisory Committee, HSS Boards and Department jointly undertake the development of an NWT Resource Development Strategy to examine the foster and group care needs of the Territories. Activity would be directed to establishing foster and group care standards, recruitment, screening, assessment, and training processes, and program monitoring and evaluation. • Foster and group care standards included in the Regulations. • The development of group care within NWT to repatriate the children being referred South would be an important objective. • Kinship and customary care placement options would be a focus of interest.
9	32. The Department include in its Quality Assurance responsibility, the annual file reviews as stated in the Standards, and an annual review of each permanent ward.
10	33. The Department and HSS Boards collaborate on developing tele-medecine style technology in isolated communities and a network of contractual mental health experts to provide consultations and assessments by voice, e-mail, or through video to children's services.
11	34. The existing multi-rater performance appraisal system be implemented for all management and staff, supplemented with training on staff development, working with staff who are performing below expectation, and progressive discipline.
12	35. The Department and Boards develop a strategy to enlist the local businesses as partners in developing effective community services for youth.
13	36. The NWT CFS Advisory Committee, in conjunction with social workers, HSS Boards and Department, review the ratio of "*children placed*" to "*children served at home*" and recommend action to ensure good practice admissions decisions are being made.
14	37. The Department actively encourage, resource and support the revitalization of the NWT Foster Parent Association.

F. Strengthening the Child Welfare Case Practice

(from text "Direct Service" pgs. 44-65)

Priority (highest to lowest)	Recommendation (numbering as presented in report)
1	38. Provision be made to hire an additional 22 social workers, the deployment of whom to be determined by a detailed analysis of workload by region. Of pressing concern, however, are Yellowknife and Deh Cho, which should receive particular immediate attention.
2	39. Supervisors be required to meet with their staff individually at least bi-weekly, and as a Team monthly, to review cases, monitor and manage workloads, problem-solve and trouble shoot.

Priority (highest to lowest)	**Recommendation** (numbering as presented in report)
3	40. Every case file include a service plan which engages the child and the family, and their formal and informal supports, in a strengths-based, goal-directed collaborative rehabilitative action. • Templates, face-sheets, checklists, recording outlines and similar tools be developed with and for the social workers to structure and facilitate their practice. • The Standards require all files to contain a Social Work Assessment, Social History, Quarterly Case Summary, and service plan to be developed within 10 days of a case being opened and which is reviewed at the Quarterly Case Summary meeting with stakeholders. The term **SERVICE PLAN** is used to distinguish it from the **PLAN OF CARE**, but, except for the legal entity co-opting the term plan of care, the two terms are interchangeable. • The Service Plans articulate the services that are to be provided to families while their children are in care which will support repatriation or continued alternative care, based on a Permanency model.
4	41. Social workers and supervisors be provided with Risk Assessment, Eligibility, and Parent Capacity tools to support their case decision-making, and the training necessary to use them correctly. • Management tools be developed and put in place, such as quantified case data, workload information, performance appraisal processes which support good management practice. Concurrent training on the use of the tools will be necessary.
5	42. Social Workers and supervisors utilize intervention strategies which effectively involve community partners and families in a new service planning paradigm so that the intent of the Plan of Care is respected, and included in all cases.
6	43. A decision-making framework be developed which governs case openings and admissions to care. Use of Risk and eligibility measures should be included. • Each potential admission to care be scrutinized in terms of possible alternative uses of the funding which will be necessary to provide in-care services, with a view to diverting those funds to support the child in her or his home or community if that is a preferable intervention.
7	44. A Case Review process be developed at each HSS Board to scrutinize all admissions to care in order to monitor the investment of resources in in-care services weighed against the investment of the same resources in in-home services. • Review the cases of all Territorial children referred for placement, or placed, outside NWT both at the point of referral and ongoing, to consider opportunities to invest the resources in more appropriate services closer to home.
8	45. In conjunction with the Aboriginal Communities Advisory process and the NWT CFS Advisory Committee, a Case Management Working Group that is cross-regional and multi-disciplinary, ensure a case management model for NWT is articulated and inserted in the Standards Manual. The Group should become informed about innovated approaches such as Wraparound and Multi-systemic Therapy, and assess their applicability to the NWT experience. There are several accrediting bodies in North America which have developed excellent detailed Standards to address child and family services best practice. One such is the Council on Accreditation of Services for Children and Families, (COA). The COA Standards can serve as a meaningful blueprint in the development of good case management practice. • The case management models be consistent with the needs and best interests of Aboriginal children and their families. A process should be implemented to review both traditional practice and knowledge and current mainstream practice to be used as a basis for legislative, regulation, policy and program development. The objective is to incorporate the Aboriginal world view into the child welfare program.
9	46. The NWT CFS Advisory Committee, in consultation with the Aboriginal Communities Advisory process, develop a **Permanency Planning Framework** relevant to the NWT experience that is respectful of the history, culture and traditions of northern communities and their Aboriginal people.
10	47. The number of forms and complexity of administrative and legislatively driven documentation be rationalized and simplified through a process involving frontline staff.

Priority (highest to lowest)	Recommendation (numbering as presented in report)
11	13. An Inter-Departmental Committee determine the extent and impact of Confidentiality Barriers across sectors which limit the sharing of information in child protection matters, and recommend action to remove those barriers.
12	14. Aboriginal organizations which receive notice of CFSA action develop a policy and practice related to the management of confidential child welfare information to protect aboriginal clients from breaches of confidentiality. Band training on Confidentiality and Protection of Privacy would be important.

H. Training Needs

(from text "Direct Service" pgs. 44-65)

Priority (highest to lowest)	Recommendation (numbering as presented in report)
1	48. A comprehensive NWT Human Resource Development strategy be developed which includes recruitment, competency-based supervisory training, competency-based social work training, cultural competence, performance standards, opportunities for advancement, and professional development.
2	49. Training be provided to support the development of skills which coordinate service partners and engage families and their representatives. Training will need to address attitudes and values as well as skills and interests.
3	50. Training be instituted for social workers and supervisors on the process of undertaking service planning for all cases, how to engage the players who should be involved, and how to manage and monitor the plan.
4	51. Social workers and supervisors be trained to do social work assessments, and social histories for all families served.
5	52. Social workers and supervisors receive training on the development of concurrent and permanency planning, and how to build these elements are built into a service plan for children.
6	53. Supervisors receive refresher training on their performance requirements under the CFSA, the Regulations and Standards with which they must comply, such as their responsibility to undertake case and file reviews as outlined in the Standards Manual.
7	54. Additional training and orientation be undertaken with children's services staff and supervisors/managers to ensure a comprehensive understanding of the CFSA legislation and regulations. An understanding of how the legislation translates into service delivery decisions also needs to be better understood. The link between the CFSA and complementary Education, Justice and Income Support should be included.
8	55. A child welfare supervisory training module be implemented to provide supervisors with the skills to be effective human resource managers in the field of child protection, including the development of leadership abilities. There are modules available through CWLC and CWLA, and through the Ontario Association of Children's Aid Societies which can serve as models, or be purchased "off the shelf."
9	56. Training be provided for foster parents and group home providers on the CFSA and its implications for their role in service delivery.

Priority (highest to lowest)	**Recommendation** (numbering as presented in report)
10	57. Training address attitudes and values of social workers, managers and foster parents, as they impact on the professionalization of foster families, asserting them as partners in the planning and delivery of care to children.
11	58. Periodic joint training in investigation, court processes, and records management between social workers and RCMP be provided as a means to build better working relationships and provide a base for a common understanding of legal requirements.

Appendix 2: The CWLC — Descriptive Material

About The Child Welfare League of Canada

The **CWLC** is dedicated to protecting and promoting the well-being of Canada's children, particularly those who are at-risk because of poverty, abuse and neglect. The **CWLC** is a federally-incorporated charitable organization active in Canadian policy, research and advocacy.

Objectives

- To increase public awareness of the needs of children, youth and families
- To provide research and information about at-risk children and families
- To encourage excellence through the development of standards, particularly for child welfare, mental health and young offenders programs
- To promote training for caregivers , volunteers and professionals working with at-risk children and families.

The Board of Directors as elected in November 1997

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The **CWLC** member organizations include all Provincial and Territorial Ministries of Child and Family Services, a number of Child Welfare Agencies, Municipal Social Services Departments, Health and community Services, University Social Service Faculties, etc. Our members service over 500,000 Canadian Families.

A Canadian office of the Child Welfare League of America (CWLA) was set up in Ottawa in January, 1992 at the request of Canadian members of the CWLA. Canadian agencies and government departments have been members of the CWLA since the late 1920's. CWLA is the oldest and largest voluntary membership organization in North America devoted entirely to protecting and promoting the well-being of children.

In the mid eighties, a number of Canadian members asked CWLA to provide stronger membership services in Canada. CWLA hired a Canadian consultant to provide membership support and to conduct a needs assessment.

Members asked for a stronger emphasis on public policy and advocacy, two functions which could not be supported from the American office. Two priorities emerged. The first was to hold a Canadian public policy symposium and the second was to explore the potential for a stronger, more permanent CWLA presence in Canada, possibly a Canadian office.

Member agencies worked in partnership with two Canadian organizations concerned about children (the Canadian Council on Children and Youth and the Canadian Child Welfare Association) to plan a major public policy symposium on children's issues. The CWLA provided the secretariat function and seed funding during the planning phase and coordinated the symposium called *Canada's Children: the Priority for the '90s*, held in October 1991 in Ottawa.

The conference was a catalyst for continued action at the national level through continuing alliances and specific follow up activities with federal politicians and with the Federation of Canadian Municipalities. Several provincial coalitions developed as a result of the conference, which continue to work with and on behalf of children and youth.

In May 1992, CWLA/Canada members set up a National Steering Committee chaired by Msgr. William Irwin of Catholic Social Services, Edmonton, to shape the Canadian organization. The intent was to provide the support to members unavailable from existing Canadian organizations, and to work with other organizations collaboratively to prevent duplication of effort.

The National Steering Committee recommended incorporation with a continued affiliation agreement with CWLA for continued membership benefits of specified CWLA services and publications. The CWLA agreed to assist the new Canadian organization for a period of three years when it should become financially self-sustaining

The CWLC was incorporated federally in April 1994 and received charitable status in October 1994. The Board of Directors represents all regions of Canada and meets three times yearly, once centrally and once each in the west and east of Canada.

Appendix 3: Child Welfare Statistics Reporting Template

Child Welfare Statistics Reporting Template

Community: ______________

For Reporting Period: __________________

Cases	Intake		CFSA Voluntary				CFSA Child Protection				
	Screening	Investigation	Family Service	Brief Service	SSA	VSA	Supervision Order	Plan of Care	Temporary Care	Permanent Order	Adoption
Cases carried over from previous period											
Re-opened											
New											
Total Served this period											
Transferred Elsewhere											
Closed or Discharged											
Carried over to next period											

Staff Child Welfare Caseload Reporting

Community: ________________ For Reporting Period: ________________

Staff Name	# of Total Cases	Screening	Investigation	CFSA Voluntary				CFSA Protection				
				Brief Service	Family Service	SSA	VSA	Supervision Order	Plan of Care	Temporary Care	Permanent Order	Adoption

Social Worker Functions: Other Duties
(estimate of # hours per month)

Community:________________
Workers Name:_____________

# of Hours of Work per Month (during work hours): _____
# of Hours of Work per Month (during on call): _____

Resource Recruitment, Training and Support:
Foster Care: ____
Group Home: ____
Extended/Provincial Foster Care: ____
Other: ____

Child Welfare Related Functions:
Community Development:
(Committees, meetings, training, etc.) ____
Family Violence activities: Counselling ____
Shelter ____

Related Functions:
Seniors: ____ (# of cases) ____
Services to the Disabled: ____ (# of cases) ____
Adoption: ____ (# of cases) ____
Other: ____ (# of cases) ____

Workload Contingencies: (Factors which impact on time available for child welfare direct service.)
Transportation Issues: ____
Describe:

Staff Development: ____
Describe:

Other Issues: ____
Describe:

Other Issues: ____

Describe:

Other Issues: ___
Describe:

Primary Community Collateral Supports for Child Welfare Services: (number of supports available in the community and the ease of accessibility to them is a measure of case complexity.)

Agency/Service:
Ease of access: Good .Poor

Agency/Service:
Ease of access: Good .Poor

Agency/Service:
Ease of access: Good .Poor

Agency/Service:
Ease of access: Good .Poor

Agency/Service:
Ease of access: Good .Poor

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